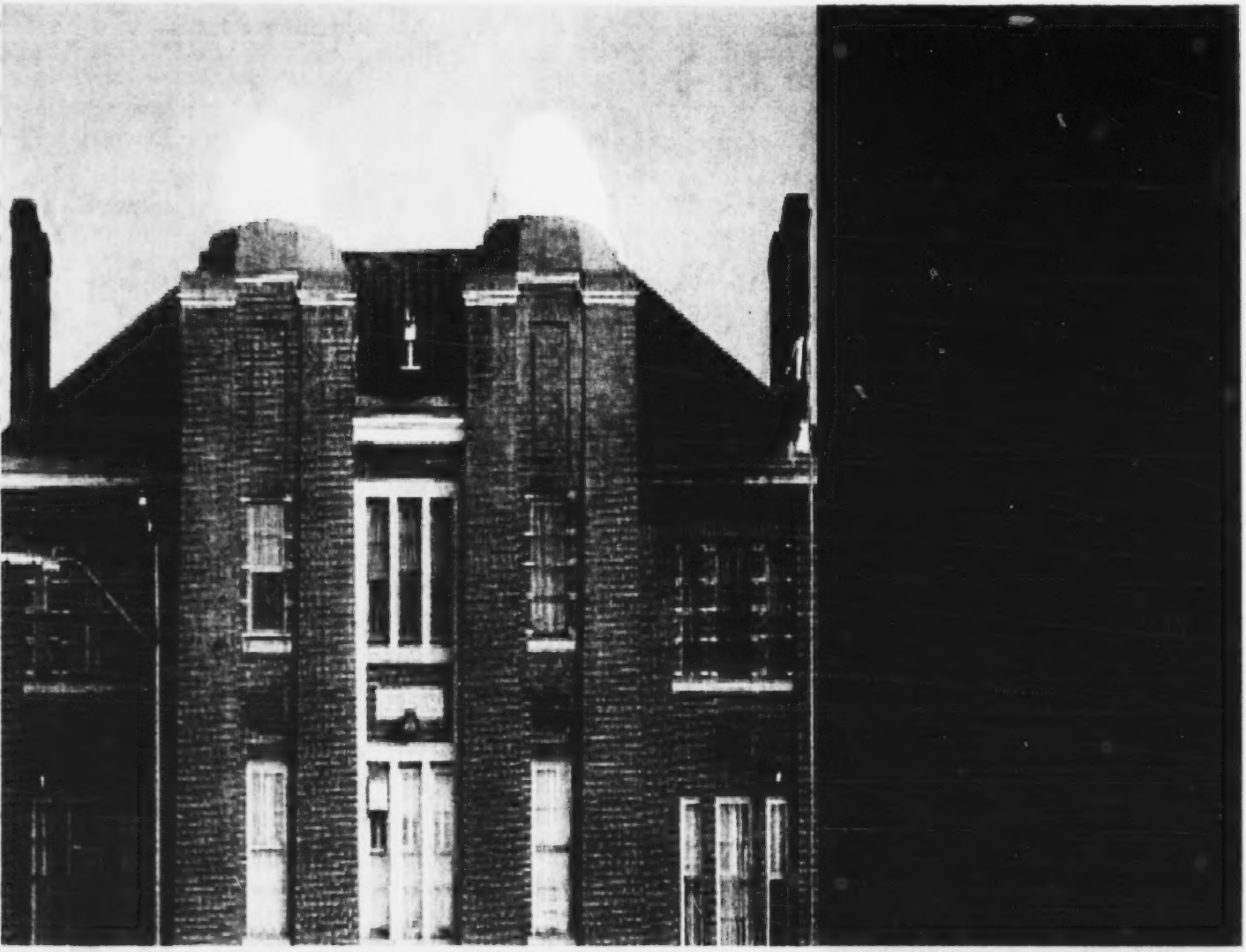


William Peet
Bob Vogelsang
Dan Wiks

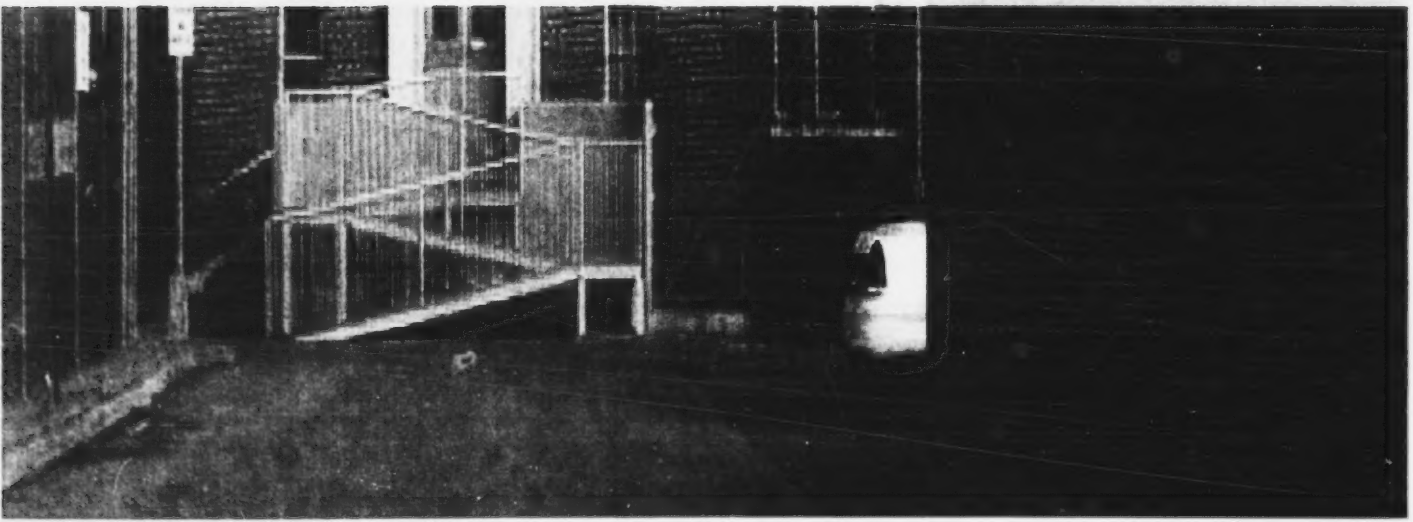
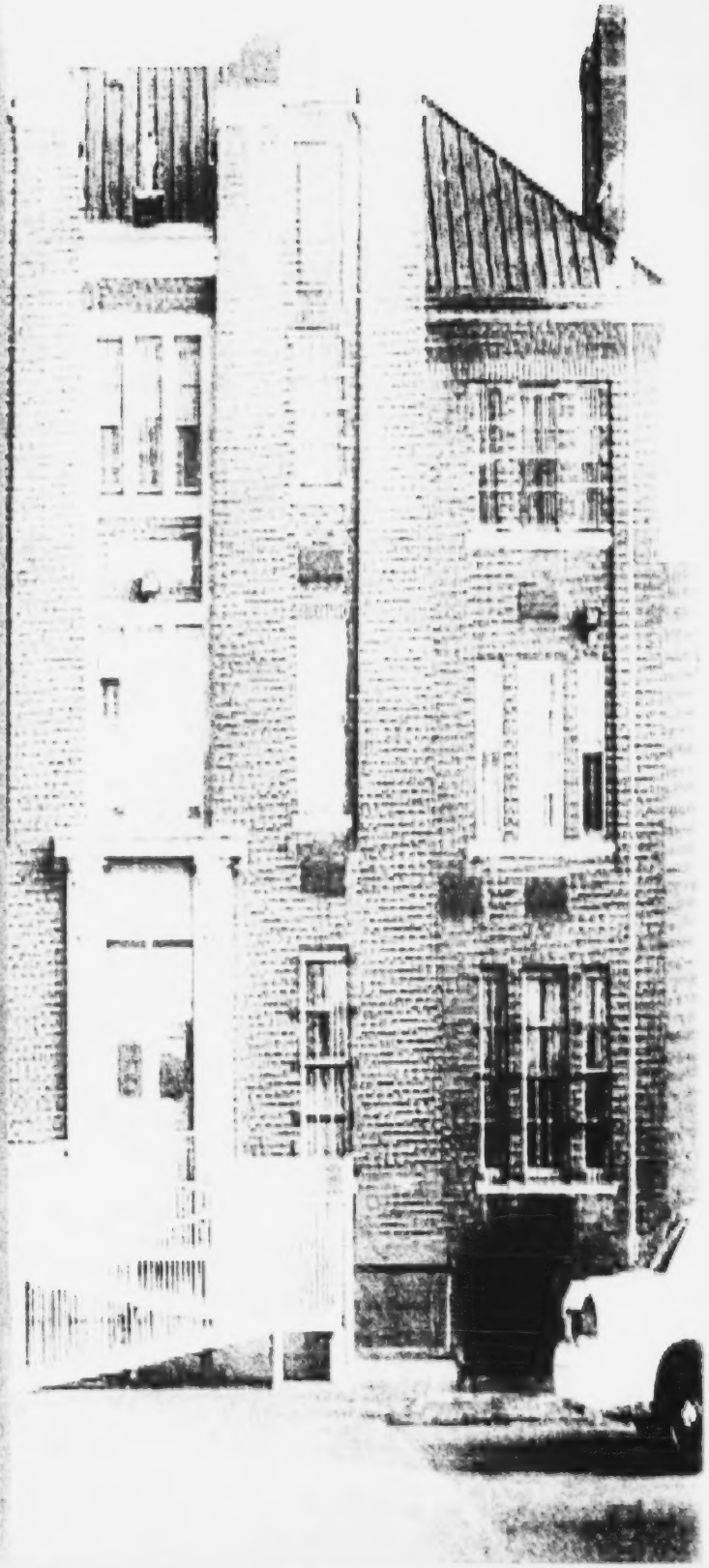


TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
INTRODUCTION	10
REVIEW PROCESS	15
TERM OF REFERENCE #1	17
TERM OF REFERENCE #2	36
TERM OF REFERENCE #3	45
TERM OF REFERENCE #4	49
TERM OF REFERENCE #5	57
TERM OF REFERENCE #6, 7, 8, 9	62
TERM OF REFERENCE #10	72
TERM OF REFERENCE #11	76
TERM OF REFERENCE #12 & 13	79
TERM OF REFERENCE #14	84
TERM OF REFERENCE #15	88
TERM OF REFERENCE #16	93
CONCLUSION	117
REVIEW OF FINDINGS AND RECOMMENDATIONS	118
QUOTABLE QUOTES	128
SCENE PHOTOS	129
DEFINITIONS	137



[redacted]

On August 24th 2008 six inmates, [redacted] escaped from Unit 3A within the Regina Correctional Center. The six inmates, all who were remanded on very serious charges engineered their escape over a period of approximately four months. Using a modified nail clipper, they repeatedly removed and replaced the grill from a heating register which was on the inside of an exterior wall. Utilizing additional makeshift tools they were able to cut and tear the steel back plate of the register thereby exposing the brick exterior wall. They then chipped away at the exposed bricks and mortar until such time as it was determined that the wall could be breached with little effort.

All of this activity went on undetected by numerous Corrections Workers responsible for the supervision of the Unit over a four month period.

On the night of the escape, the inmates smashed through the weakened exterior wall and with the assistance of ropes braided out of blankets and bed sheets scaled the compound wall. Using winter coats as a protective covering they climbed over the razor wire and utilizing additional homemade ropes dropped to the ground into the adjoining exercise yard. The inmates ran across the yard, scaled two perimeter fences and completed their escape.

Corrections Workers became aware of the escape 65 minutes after it occurred when they were advised by the Regina Police Service that it may be occurring.

There were two distinct pre-incident indicators in the form of intelligence that staff at the RPCC became aware of as far back as two months prior to the escape. Neither of these pieces of intelligence was followed up on adequately in an effort to determine their respective validity. Additionally, Corrections Workers working on the unit suspected that the inmates were "up to something" however, they failed to interview the inmates in an effort to address the cause of their concerns.

The External Investigation Team (EIT) is of the opinion that an excellent decision was made to secure the unit subsequent to the escape without waiting for the Emergency Response Team

to arrive. Aspects of the immediate response to the escape by the staff at the RPCC where the EIT had no concerns was with respect to the use of force, the decontamination of the inmates after they were exposed to organic sprays, and in reporting of the escape to policing agencies and to Central Office. Areas of concern with respect to immediate response had to do with an uncoordinated and unsafe search of the grounds and surrounding area, preservation of evidence, strip searching inmates, excessive delay in the removal of their restraints, and the filing of reports at the conclusion of the incident.

The lockdown and count subsequent to the discovery of the escape was effective and without incident. The EIT has a number of concerns with respect to Managements` actions and decisions immediately following the discovery of the escape. [redacted] elected to supervise the securing of Unit 3A when in fact, [redacted] should have assumed the role of [redacted] pending the arrival of the [redacted]. No change of command occurred when the [redacted] arrived, and the failure to open a Command Center and access facility contingency plans all resulted in an uncontrolled and confused response. Additionally, there was a failure to provide a sufficient level of "Critical Incident Stress Debriefing" for all involved.

There are numerous issues involving communications, information sharing, and reporting that the EIT became aware of during the course of the investigation. The majority of reports reviewed by the EIT revealed a general lack of detail and quality. Further, supervisors did not ensure that reports are submitted by Corrections Workers in a timely and acceptable standard.

The Corrections Management Information System (CMIS) was found to be antiquated, labour intensive and not user friendly. Although this is the primary medium for information sharing, many staff members do not access it. Unit logs were found to be unreliable, lacked integrity and did not always contain complete information with respect to Unit occurrences that should have been passed on from shift to shift. There are no longer pre-shift briefings at the RPCC which could have assisted in bridging communication gaps.

The RCMP, the Regina Police Service, and the RPCC felt that interagency communications were ongoing and adequate. There is however, a lack of intelligence sharing between the RPCC and the RCMP.

The inmates that were housed on Unit 3A were all remanded on very serious charges. A number of the inmates, if convicted would be placed, according to Corrections Canada policy, in a Maximum Security Federal Institution for a period of no less than two years. A Federal Maximum Security Institution affords a far greater level of public protection against an escape attempt than was available at the RPCC on August 24th 2008. The escape verified that the physical structure, fencing, lighting, and electronic systems of Unit 3 were not sufficient to compensate for staff errors and failings that allowed high risk inmates to obtain contraband and to go undetected in their efforts to breach that structure.

A review of the staffing levels at the time of the escape revealed that the RPCC was fully staffed in accordance with the deployment sheet. It is noted however, that there is no Management presence at the RPCC outside of normal working hours [redacted]

The RPCC reported the escape in an appropriate timeframe to the Regina Police Service, the RCMP, and Central Office. Staff at Central Office had a difficult time reporting the occurrence to their superiors which caused a delay in the flow of information. The EIT could find no established protocol with respect to the release of information to the media regarding serious security situations. Corrections Branch has determined that the fifteen hour delay in releasing information on the escape to the media was excessive and subsequently, direction for a media release within one hour was promulgated to all facilities.

There are issues with respect to the routine that was established for Unit 3A. In the weeks preceding the escape, the remanded inmates on the unit went from a period of total confinement to a program where half of the inmates were allowed out of their cells for half the day, and the other half of the inmates were let out of their cells for the remainder of the day

and evening. The intention was to have smaller numbers of inmates on the corridor at any given time potentially reducing the incidents of negative behaviour. Under this program, incidents of negative behaviour continued and the unit was frequently locked down for failures to follow unit rules and procedures. In some situations, the entire unit was confined pending an investigation into the actions of one or two inmates. Generalized segregation as opposed to individualized segregation is a regular practice in Unit 3 and throughout the facility. The EIT could not find Legislation, Divisional Directive, or local Standing Orders that would allow for such confinement or segregation practices without the support of disciplinary offences.

It was found by the EIT that formal counts (Stand to Counts) are not completed on Unit 3 in accordance with Standing Orders and hourly checks are not done on a consistent basis.

The EIT was asked to determine if there was compliance to Divisional Directives and Standing Orders relating to searches. There is authority in the Corrections Act for the conduct of searching and seizing contraband. Unfortunately the Regulations are silent on the manner in which facilities are to be searched. Additionally, the EIT could not find a Divisional Directive that operationalized the authority in the Act with respect to searching either inmates or Correctional facilities. The RPCC has a Standing Order that provides direction to staff. The manner in which two searches were completed on Unit 3A prior to the escape was done somewhat in accordance with this local policy however; there were some inconsistencies with respect to reporting requirements and with respect to contraband control.

There were several "other matters" which the EIT concluded largely contributed to the inmates successfully engineering this escape. It is accepted that an inmate or a group of inmates can deceive a Corrections Worker or a group of Corrections Workers on any given shift. The EIT does not accept that an entire corridor of inmates can deceive the large number of Corrections Workers that supervised the unit over such an extended period. As our investigation proceeded, it became obvious that there was a desire on the part of Corrections Workers to place high importance on static security measures and low importance on dynamic security measures. In order to have a secure facility, Corrections Workers need to be actively engaged with and involved in dialogue with inmates. Had they done so, the EIT concludes that this

escape would not have happened. The failure or inability on the part of Corrections Workers to gather intelligence over the course of four months caused the EIT to investigate the nature of staff/ inmate interaction specifically within the remand areas. This forced the EIT to delve into areas involving culture and compliance that are of significant concern.

The manner in which Corrections Workers are obliged to fulfill their duties with respect to both dynamic and static security measures are defined in Legislation, Divisional Directives and local Standing Orders. There is however, a general lack of knowledge and understanding concerning the significance and impact of the Charter of Rights and Freedoms as it applies to Corrections Branch. There is "the duty to act fairly", the "principal of least restrictive measures" and the premise that "citizens are sent to prison as punishment and not for punishment" that is not fully practiced at the RPCC. Further, staff does not have an appreciable understanding that policies must be developed pursuant to legislation. Many of the Directives that are in place are outdated and do not provide adequate direction to staff. Consequently, remand inmates are managed differently than sentenced inmates and as such have very little access to meaningful activity.

The relationship between staff and inmates in the remand and segregation areas is not conducive to the development of a rapport that would facilitate the gathering of intelligence from inmate sources. The EIT found no evidence that any effort was made to attempt to gather intelligence from inmates on Unit 3A subsequent to intelligence that was received on July 3rd 2008. There are a number of Corrections Workers that don't want to interact with inmates in any form and they have for the most part gravitated to the remand side of the facility. This reflects that the Corrections Workers relied primarily on static security measures. The limited use of dynamic security and their lack of engagement undermine the ability of the Facility to gather intelligence. More generally, this lack of dynamic security undermines the overall security of the entire Facility.

There is a long history of an adversarial and controversial relationship between the Saskatchewan Government Employees Union Shop Stewards and Management that has limited Management's ability to manage. It is apparent that the Union is very protective of

employee "benefits" and is for the most part resistant to any suggestions that Management may put forth with respect to the Department's desire to shift direction in accordance with corporate desires. Corrections Workers function on a foundation of unfounded rumours and outright fabrications rather than on factual information. The Union for the most part has done little to suppress these rumours and in fact participated in the promulgation of them. This has contributed to an environment of low morale, fear, and complacency.

There are several Corrections Worker 1's (CW1's) who have been placed in acting Assistant Deputy Director positions. These acting assignments coupled with an insufficient separation between union membership and supervisory responsibility limits the Department's ability to ensure accountability in the job performance of people who are essentially their peers. In line with this, there is an insufficient Management presence within the facility on evenings and weekends. This contributes somewhat to Management's failure to frequent critical areas of the facility on a regular basis.

There are numerous legitimate distractions throughout the course of the workday that take away from a Corrections Workers ability to constantly monitor inmate behaviour. There is little correctional value to having the internet and recreational reading material in control posts and Unit offices. The fact that inmates were able to plan and excavate a hole in the exterior wall of Unit 3A over a period of four months is a strong indication that the general supervision of the area was ineffective. On the evening of August 24th 2008 the officers assigned to supervise Units 3A and B failed to discover that inmates were escaping.

There are numerous performance deficiencies identified throughout this report that in some instances are the result of a lack of adequate training or in some cases a lack of refresher training. The inability or unwillingness of Corrections Workers to write thorough and accurate reports and submit them through approved systems was certainly reflected in the reports reviewed by the EIT. Training in accessing and utilizing CMIS is essential if information sharing through that medium is mandatory. Correctional practices such as searching, frisking, preservation of evidence and inmate movement control taught at CTP requires refresher training as well. It is obligatory that a "Corrections Branch and the Law" course be developed

and delivered to all Provincial Corrections employees in order that they can fully understand the Rule of Law and how it applies to their daily performance.

Gangs have become a serious management issue within Provincial Corrections facilities. Inmates arriving at RPCC identified as gang members or associates are subjected to a process of generalized segregation as opposed to individualized segregation for cause, punitive or protective reasons. Generalized segregation and non productive time tends to create solidarity amongst those subjected to it and increases their level of anger towards staff. The gang management strategy at the RPCC has been reactive in nature primarily involving non association, strict movement control, and high levels of confinement. There is very little evidence of activity designed to proactively minimize individual and group activity in the violence and criminal activity associated with aboriginal gangs.

An environment exists in the remand and segregation portions of the RPCC that is extremely foreign to what the EIT found outlined in the Provincial Correctional Service's Mission Statement, Vision, and Mandate. The statement "Idle Hands Are The Devil's Tools" has strong application at the RPCC in the remand and segregated areas. A snap shot on August 31st 2008, reflects that the RPCC has 42 percent of its population on remand status. There is currently no meaningful activity afforded to inmates on remand, therefore this large segment of the population has nothing constructive to do and inmates are in fact doing "dead time". When people have large blocks of time on their hands with nothing constructive to do, they tend to gravitate towards doing whatever they can get away with. In this instance, it was digging their way out of the facility.

There are a whole host of areas where there has been an avoidance of following rules and regulations that are in place to support the good order and operation of the facility. Notwithstanding performance deficiencies previously mentioned, other examples include but are not limited to: the wearing of name tags, dress and deportment, completing timely case work, entering mandatory information on CMIS, the duty to act fairly, and the use of least restrictive measures.

There is no approved performance evaluation system in place that gives Managers and Supervisors an opportunity to assess and address employee performance in meeting the goals and expectations of the RPCC and to provide a check and balance system in support of good performance and in response to poor performance.

Throughout this report the organizational culture has been depicted as counterproductive. It is appropriate for the EIT to summarize their overall perceptions on an environment at the RPCC that contributed to the escape. Systemic mistrust, complacency, blaming, intimidation and disrespect, are all words we used, to describe a culture that is for the most part Union driven and detrimental to an effective correctional environment.

An ineffective Correctional environment enables Corrections Workers to restrict inmate movement and confine inmates arbitrarily. Consequently there is no expectation for Corrections Workers to engage and dialogue with offenders on an ongoing basis. Meaningful interaction involving Corrections Workers and inmates is critical to a safe and secure work place and the effective sharing of information.

Central Office was aware of specific cultural and operational issues and failed to take appropriate action or address compliance issues at the RPCC in a timely manner. This lack of attention contributed to an environment where processes and policies evolved which are not conducive to sound or proven correctional practices. Having stated this failure, the EIT recognizes that organizationally, Central Office is understaffed in support services, policy development and promulgation as well as in performance assurance.

In conclusion, escapes, although a constant concern, are a relatively rare phenomena. As such, when intelligence on a potential escape is received, it must be taken very seriously. In order to mitigate the potential for an escape to occur, three things have to be considered:

1. Physical structures must be such that efforts put forth by desperate inmates will be thwarted by concrete, steel, and technical devices.

2. Systems and processes employed by staff on a daily basis must be consistent with legislation, directive, and local policies that are in place.

3. The response to the threat must not only include thorough searching and frisking activities but must also include a concerted effort by all staff to track down the source and validity of the threat.

All three of these factors had a significant role to play in the escape from the Regina Correctional Center on August 24th 2008.

This investigation produced eighty-five (85) findings which resulted in twenty three (23) recommendations.

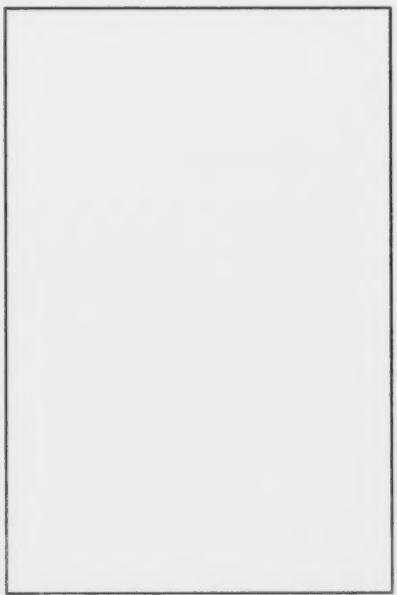
[redacted]

On August 24th, 2008 at approximately 21:40 hours, [redacted] the Regina Provincial Correctional Centre (RPCC) received information from the Regina Police Service (RPS) that inmates [redacted] may be in the process of escaping from Unit 3A. Upon attending at the Unit, [redacted] found that six inmates had escaped.



The six inmates engineered their escape over a period of approximately **four months**. Using a modified nail clipper, they repeatedly removed and replaced the grill from a heating register which was on the inside of an exterior wall. With the assistance of other inmates and utilizing additional makeshift tools, they were able to cut and tear through the steel back plate of the register exposing the brick exterior wall. They then chipped away at the exposed bricks and mortar until such time they determined that the wall could be breached with little effort.

All of this activity went on undetected by at least **87** different Corrections Workers who had supervised Unit 3A over the intervening months.



At 2030 hours, on the night of the escape, a Corrections Worker had conducted a Unit 3A cell check. At 2035 hours, the inmates smashed a hole through the weakened exterior wall with a steel shower rod and exited onto a ledge three meters (ten feet) above the ground. With the assistance of ropes braided out of blankets and bed sheets, they scaled the compound wall. Using winter coats as a protective covering they climbed over the razor wire and with additional homemade ropes dropped to the ground into the adjoining exercise yard.

The inmates ran across the yard, scaled two perimeter fences topped with barbed wire and completed their escape.

Corrections Workers became aware of the escape at 21:40 hours, **65 minutes** after it occurred when they were advised by the RPS that it may be occurring.

Subsequent to the escape, the **Minister of Corrections, Public Safety and Policing** directed that a contractor "provide for the Minister certain professional advice and expertise in the matter of the security breach at the Regina Correctional Centre in August of 2008" Therefore, under the direction of the **Deputy Minister of Corrections Public Safety and Policing**, the Executive Director convened an External Investigation Team (EIT) to investigate the circumstances surrounding the escape:

"In accordance with section 50 of the Corrections Services Act, I am requesting that you conduct an investigation into the escape of 6 offenders from Unit 3A at the Regina Correctional Centre. Investigators are to be given full access to facilities of the Correctional Centre, Correctional Centre staff, staff reports, inmates, inmate files and all other relevant documentation."

The EIT comprised of **William Peet** as the lead, **Dan Wiks** and **Bob Vogelsang** as members, was convened on August 27th 2008 and was tasked with the following scope of duties and terms of reference with respect to this incident.

TERM OF REFERENCE #1:

A profile of the institution and the inmates involved.

TERM OF REFERENCE #2:

A complete accounting of the circumstances of the escape including a full chronology of events.

TERM OF REFERENCE #3:

Were there any pre-incident indicators or extenuating circumstances in relation to this incident and were they acted upon prior to the incident?

TERM OF REFERENCE #4:

The adequacy and appropriateness of the staff response at the time of the incident and immediately following confirmation of the missing offenders.

TERM OF REFERENCE #5:

The adequacy and appropriateness of management actions and decisions preceding, during, and following the incident.

TERM OF REFERENCE #6:

The adequacy of staff reports following the incident.

TERM OF REFERENCE #7:

Log Book entries related to the supervision of the unit, activity on the unit and/or events of the escape.

TERM OF REFERENCE #8:

Review of all reports submitted on this incident as well as interviewing the authors and other relevant members of CPS&P, Regina Police Service or the RCMP.

TERM OF REFERENCE #9:

The adequacy of information sharing between; Police Services, Security Intelligence Officers and local Correctional Centre Managers.

TERM OF REFERENCE #10:

Are there any physical infrastructure concerns that contributed to this incident?

TERM OF REFERENCE #11:

The adequacy of staffing levels in the affected areas.

TERM OF REFERENCE #12:

The adequacy of response times by all involved; including the timing of the media release on the incident.

TERM OF REFERENCE #13:

Was the response to this incident in compliance with Divisional Directives and local Standing Orders as they pertain to this review?

TERM OF REFERENCE #14:

What is the unit routine and is it in compliance with local Standing Orders and Divisional Directives?

TERM OF REFERENCE #15:

Was there compliance with respect to Divisional Directives and Standing Orders relating to searches?

TERM OF REFERENCE #16:

Any other matter you feel may have an impact on the incident.

The investigation involved interviewing Managers, staff, shop stewards, inmates, members of the public, and members of policing agencies.

The External Investigation Team (EIT) attended the incident site and associated grounds in an effort to gain an appreciation and an understanding of the environment and the effort undertaken by inmates to escape from a secure custody facility.

Other facilities such as the Saskatchewan Penitentiary, Prince Albert Correctional Centre and the Saskatoon Correctional Centre were visited to assess practices in facilities in similar and alternate jurisdictions.

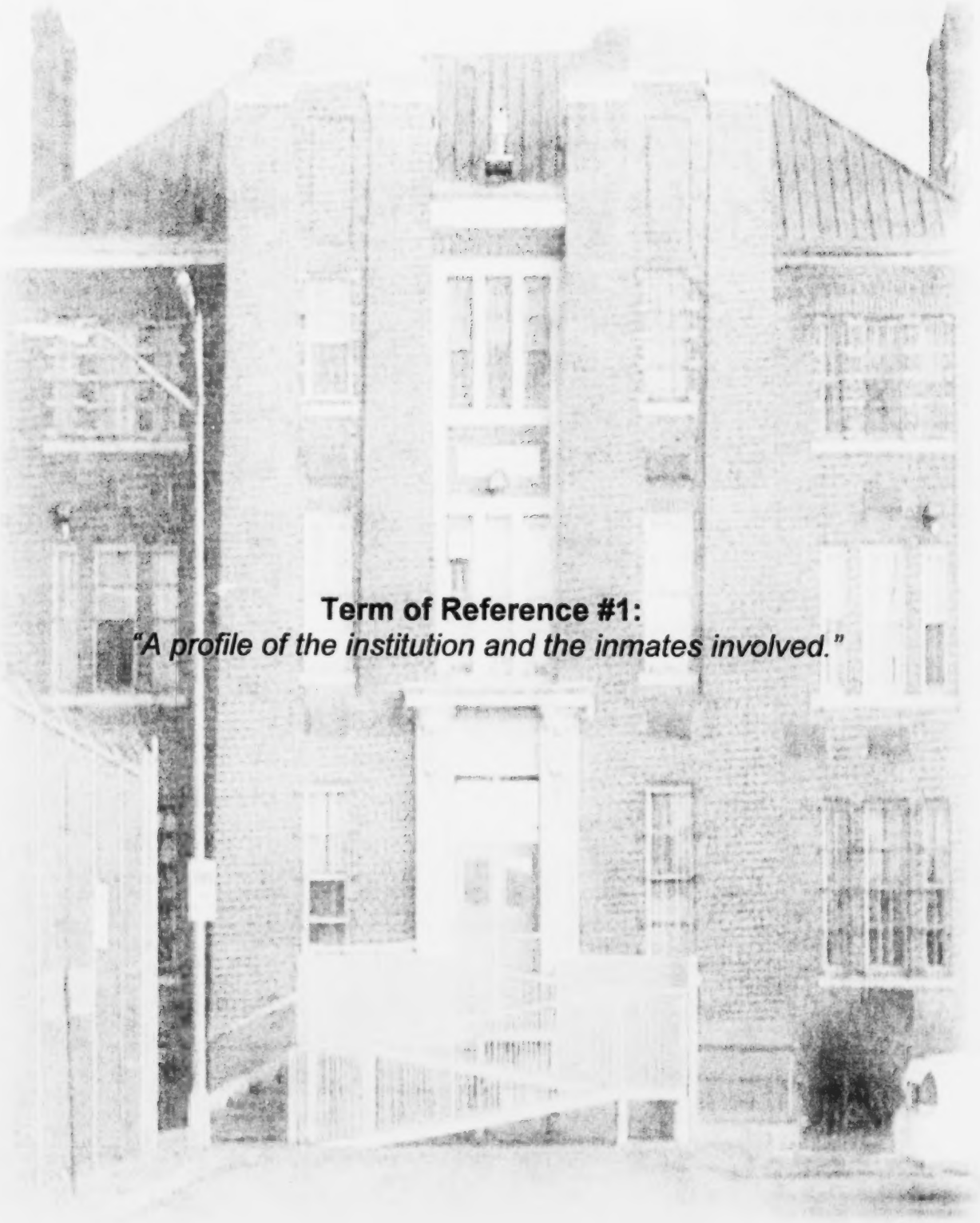
The EIT spent considerable time reviewing the reports associated with the incident as well as legislation, directives, standing orders and local rules and procedures. This provided the EIT with an understanding of the quality and extent of direction provided to Correctional Services staff designed to assist them in the performance of their duties.

Also included was an analysis of related reports and studies such as:

- Rankin Report on Union Management Relations (1993)
- Riot at Headingly Correctional Institution (1996)
- Arbour Report recommendations and follow up (1996)
- "Locked Out" by the Ombudsman's Office (2002)
- Correctional Centre Security Audit template (2002)
- Employee Survey – Hay report (2005)
- Regina Provincial Correctional Centre Internal Review of Escape (2008)
- Employee "In Scope" Position Descriptions

The EIT would like to thank Central Office and the RPCC Management and staff for their assistance and support throughout the course of this investigation.

The reader is referred to page 139 of this report for a list of definitions of acronyms located here in.



Term of Reference #1:

"A profile of the institution and the inmates involved."



HISTORY:

Four generations of prison architecture are represented at the RPCC. At the time, the original 1913 structure was heralded as the latest in prison design and was similar to the provincial penitentiary opened in Kingston in 1835.

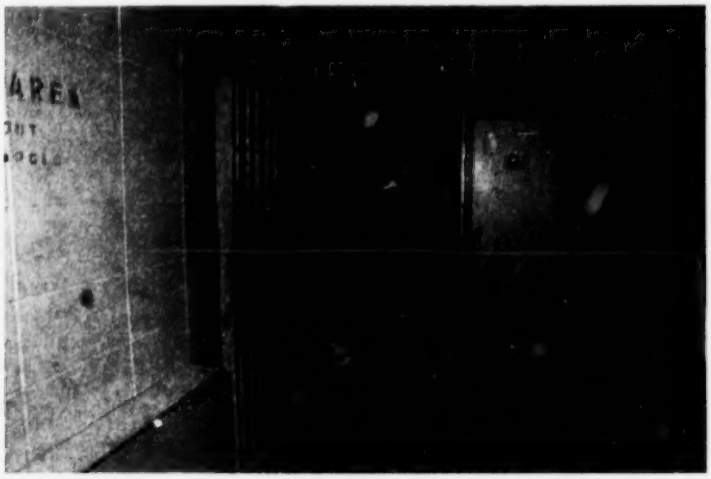
Between 1962 and 1964 Units 2, 3 and 4 were constructed; Units 2 and 3 were simply a newer version of the first generation prison. Unit 4 with its central common area design reflected a change in correctional philosophy and could be considered a second generation structure. Cells on the exterior walls of Unit 4, facilitated escape attempts therefore in 2002 cement board was placed over the cell side of all exterior walls.

In 1988 three new units were constructed based on third generation prison architecture principles. The common area concept used in Unit 4 is evident in these new units but the design also provides the capacity for improved observation of inmates. The opportunity for direct supervision facilitates the Living Unit concept and optimizes the ability to implement changes in case management philosophy.

Corrections Workers find it difficult to operationalize the Living Unit concept within structures that have limited ability to accommodate it, such as those found in Units 1, 2, 3 and 4.

UNIT 3:

Unit 3 was constructed in 1964 and consists of two levels, each with two corridors separated by a maintenance tunnel. Corridors originally had 15 cells with self contained bathroom facilities, and a common room for inmates to gather; this room became known as the TV room.



In 1988 a staff office was added to both levels of Unit 3 to facilitate the Living Unit concept. This allowed for direct supervision of the inmate TV room but not for observation of the corridors where the inmates spend the majority of their time.

In 2004 a corridor camera was added to 3A with a monitor in the staff office. There is a significant blind spot at the end of the corridor which the camera does not cover and therefore staff must leave their office in order to observe all areas of the unit.

The interior side of the exterior walls in Unit 3 are constructed with cinder blocks, while the exterior side is finished with red brick. Previous reports have noted that the interior blocks were 8 x 6 x 4 inches thick with a fine metal rod inside the blocks. It was noticed in a report prepared after an escape from 3D in May 2004 that the mortar surrounding the interior blocks could be removed easily. As a result the upper portion above the heating registers of the interior walls was covered with sheet metal.

BUILDING EVALUATION:

In a building evaluation performed by the Saskatchewan Property Management Corporation and the Department of Corrections and Public Safety in December 2004 the following recommendation was made: *"Unit 3 could be retained but would not provide good value in the*

long term." It also notes that *"changes to Unit 3 are possible only to the degree that the existing building allows, and offers only partial code compliance. It would be difficult to modify in order to address functional or operational needs."*

PREVIOUS ESCAPE HISTORY:

Since 2002, including the present incident, there has been six events of escape at the RPCC involving twenty inmates. Locations of these escapes include; the auditorium, Unit 1C, Unit 3D, Unit 6B and Unit 3A.

CORRECTIONAL PHILOSPHY AND STRUCTURE:

Saskatchewan Correctional philosophy as indicated in the 2002 Ombudsman report "Locked out" emphasizes rehabilitation through programming and reintegration into society through normal living routines within the correctional setting. This change in philosophy had been implemented in the 1980s when the Living Unit concept was introduced and staff members were referred to as Corrections Workers. Corrections Workers duties were no longer restricted to supervision of inmates and a "turn-key" operation but included ensuring that inmates were directed into appropriate programming and that they receive supports necessary for their reintegration into the community. This philosophy requires that inmate/correctional worker communication is enhanced which is difficult, but not impossible, in the confines of the structure on Unit 3A.

Even a casual observer of conditions in the main complex of the Regina Correctional Centre cannot help but be struck by the oppressive atmosphere created by clanging metal gates, barred cells, overcrowding, chipped and peeling paint, poor lighting and cramped quarters on the units.

This is compounded by the inevitable increase in tension that results when staff and inmates are forced by the nature of the facility's design to limit their interaction. A closer examination reveals a facility that no longer meets acceptable standards. Rather than assisting Corrections' rehabilitative efforts, the facility hinders them.

We believe that in fairness to both staff and inmates and in the best interests of public safety, the facility should either be brought up to current standards or replaced.

"Locked out" Ombudsman Saskatchewan October 2002

Entering the Regina Provincial Correctional Centre through Admissions one gets a sense of neglect. There are areas within the Centre where paint is peeling from virtually every wall and there are holes and cracks that are in desperate need of repair. The EIT noted the prominence of graffiti in many of the cells.

The "Broken Windows" theory, referred to in George Kelling and Catherine Coles book ***"Fixing Broken Windows: Restoring Order and Reducing Crime in Our Communities."*** suggests a causal effect between disorder and crime. This theory demonstrates how a disorderly environment can lead to a decreased care factor on behalf of those who work and live within the facility.

Operationally, Unit 3A epitomizes a disorderly environment and is a breeding ground for disorder and criminal activity.

INMATE PROFILE AND DEMOGRAPHICS:

Remand vs. Sentenced
Average Daily Count (ADC)

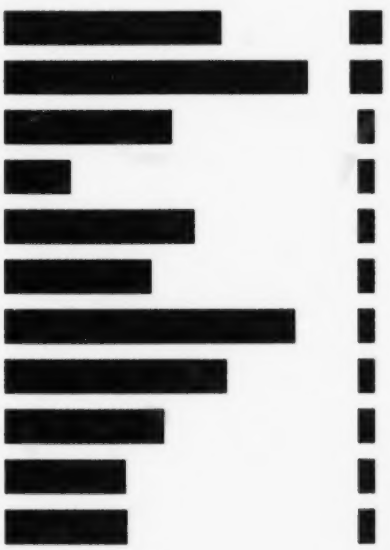
FISCAL YEAR	SENTENCED ADC	REMAND ADC	TOTAL ADC
1999-2000	280	105	385
2000-2001	262	102	364
2001-2002	255	104	359
2002-2003	266	139	405
2003-2004	272	111	383
2004-2005	258	132	390
2005-2006	275	135	410
2006-2007	278	157	435
2007-2008	271	189	488
2008 Jan 1st-Aug 31st	275	200	475

Although the number of sentenced inmates has remained constant over the past ten years, the number of remand inmates has nearly doubled. One of the major factors contributing to the

increase in remand inmates is that they receive double or even triple time credits during the sentencing phase of their trials for time served while remanded. Over the years this "doubling of time credits", generated by the courts, has been capitalized on by inmates as a strategy to reduce overall sentencing.

GANG HISTORY AND AFFILIATION:

As of August 31st, 2008 the inmate population at the RPCC was 452. Of these, 102 or 22.5% were confirmed gang members or associates belonging to eleven factions. [redacted]

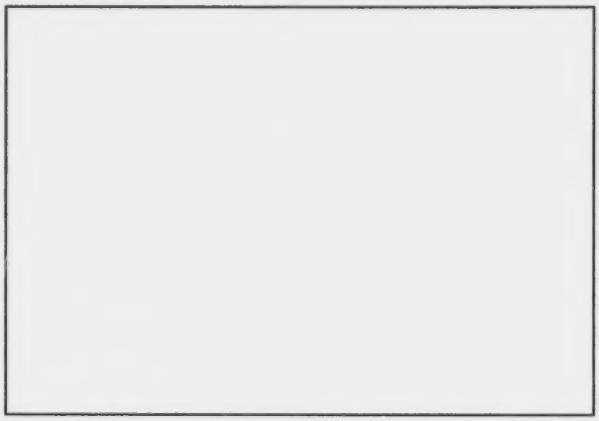


[redacted]

Of the inmates housed on Unit 3A, nine were charged with murder, two were charged with attempted murder and six others were charged with crimes of a serious nature.

The profiles of the inmates who escaped are as follows.

Inmate: **AGECOUTAY, Ryan John**
CMIS: [redacted]
DOB: [redacted]
Admission Date: [redacted]
Start Date: [redacted]
Type: **Remand**
Expiry: [redacted]
FPS#: [redacted]



Current Charges

Inmate AGECOUTAY [redacted] remanded inmate currently charged with Aggravated Assault, Assault with Weapon, Fail to Attend Court and Fail to Comply with Undertaking.

Criminal History

[redacted]

Institutional Performance

[redacted]

Prior Escape History

[redacted]

Documented Gang Affiliation

[redacted]

Inmate:	**BUFFALOCALF, Preston Clarence**
CMIS:	[redacted]
DOB:	[redacted]
Admission Date:	[redacted]
Start Date:	[redacted]
Type:	**Remand**
Expiry:	[redacted]
FPS#:	[redacted]

Current Charges

Inmate BUFFALOCALF [redacted] inmate remanded on the following charges: Murder and Assault with a Weapon

Criminal History

[redacted]

Institutional Performance

[redacted]

Prior Escape History

[redacted]

Documented Gang Affiliation

[redacted]

Inmate: **IRON, Kenneth Leigh**
CMIS: [redacted]
DOB: [redacted]
Admission Date: [redacted]
Start Date: [redacted]
Type: **Remand**
Expiry: [redacted]
FPS# [redacted]

Current Charges

Inmate IRON [redacted] offender remanded on the following charges: Attempted Murder and Escape Lawful Custody.

Criminal History

[redacted]

Institutional Performance

[redacted]

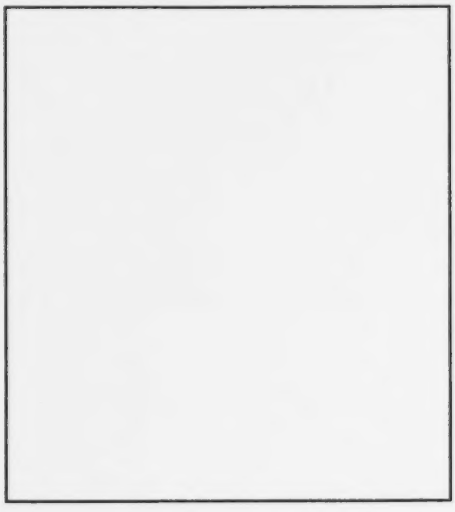
Prior Escape History

[redacted]

Documented Gang Affiliation

[redacted]

Inmate: KEENATCH, Cody Dillon
CMIS: [redacted]
DOB: [redacted]
Admission Date: [redacted]
Start Date: [redacted]
Type: Committal
Expiry: [redacted]
ERD: [redacted]
FPS# [redacted]



Current Charges

Inmate KEENATCH is [redacted]

Criminal History

[redacted]

Institutional Performance

[redacted]

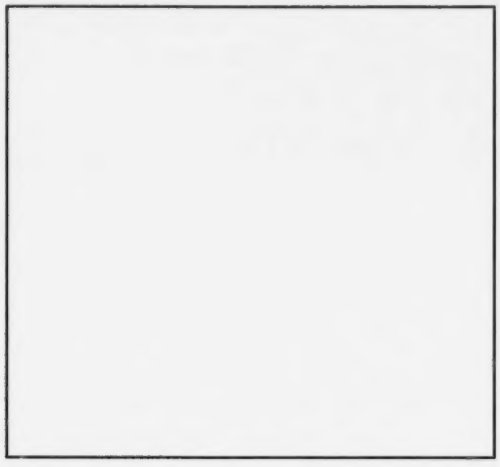
Prior Escape History

[redacted]

Documented Gang Affiliation

[redacted]

Inmate:	**PEWEAN, James Joseph**
CMIS:	[redacted]
DOB:	[redacted]
Admission Date:	[redacted]
Start Date:	[redacted]
Type:	**Remand**
Expiry:	[redacted]
FPS#	[redacted]



Current Charges

Inmate PEWEAN is [redacted] inmate remanded on the following charges: Murder, Attempted Murder, Aggravated Assault, Carry a Concealed Weapon, Obstructing Justice and Uttering Threats.

Criminal History

[redacted]

Prior Escape History

[redacted]

Documented Gang Affiliation

[redacted]

Inmate:	**WOLFE, Daniel Richard**
CMIS:	[redacted]
DOB:	[redacted]
Admission Date:	[redacted]
Start Date:	[redacted]
Type:	**Remand**
	(Originally a Parole Suspension)
Expiry:	[redacted]
FPS#:	[redacted]



Current Charges

Inmate WOLFE is [redacted] inmate remanded on the following charges: Murder x 2 and Attempted Murder x 3. Inmate WOLFE was admitted to the Regina Correctional Centre as a Parole Suspension on September 27th, 2007. His federal warrant has since expired and he is now remanded.

Criminal History

[redacted]

Institutional Performance

[redacted]

Prior Escape History

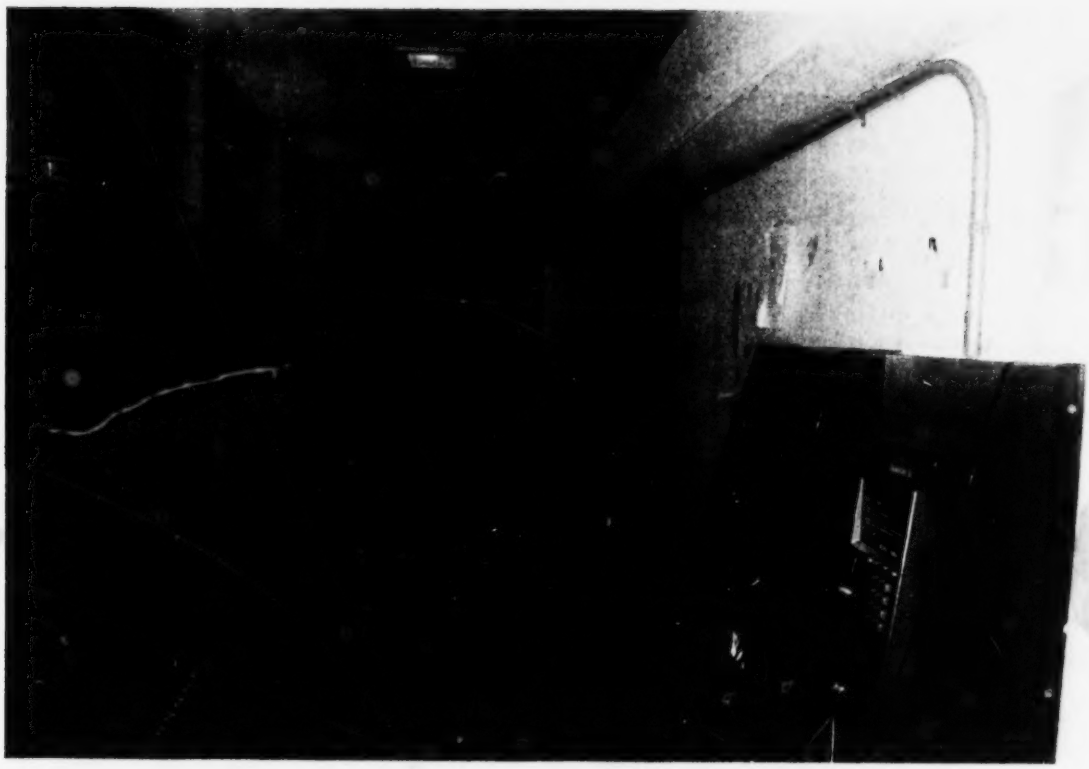
[redacted]

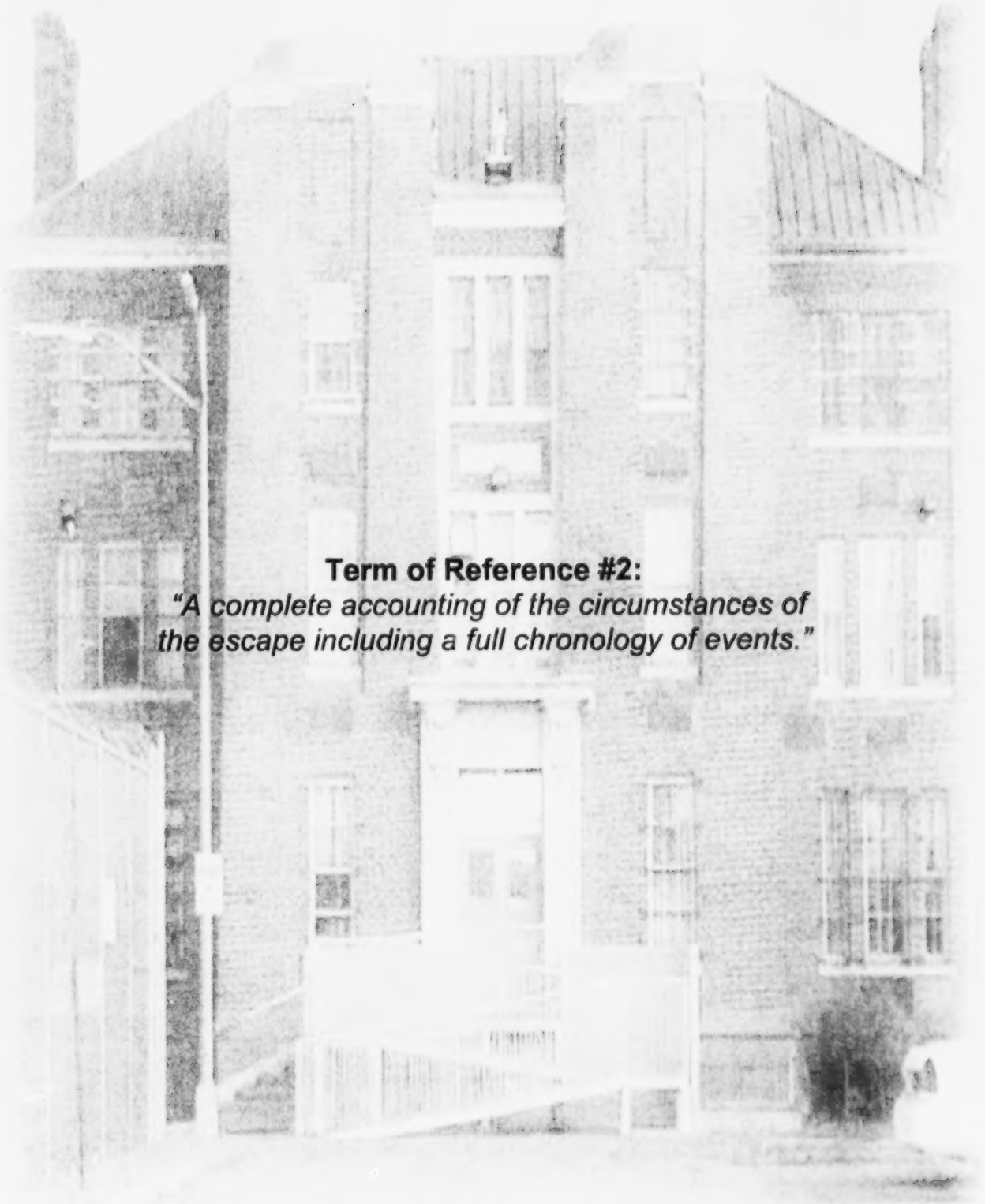
Documented Gang Affiliation

[redacted]

UNIT 3A INMATE CELL PLACEMENT:

Cell	Name	Date placed on 3A.
02	Preston Buffalocalf Cody Keenatch	October 25th, 2007 July 16th, 2008
03	Ryan Agecoutay	February 19th, 2008
04	[redacted]	[redacted]
05		
06	Daniel Wolfe James Pewean	October 16th 2007 December 19th 2007
07	Kenneth Iron	October 12th, 2007
08	[redacted]	[redacted]
09		
10		
11		
12		
13		
14	[redacted]	[redacted]





Term of Reference #2:

"A complete accounting of the circumstances of the escape including a full chronology of events."

PRE-INCIDENT CHRONOLOGY

Date	*Event*
Circa Dec. 2007	Unit 3A inmate found the 3A door to the maintenance tunnel between 3A and 3B open. He allegedly advised a [redacted] staff member. Upon review, there is no documentation of this occurrence in the Unit Log book.
Circa May 2008	Unidentified staff left the door to the 3A maintenance tunnel between 3A and 3B open. At least three inmates had entered the tunnel, climbed the ladder to the roof, but could not gain access to the exterior of the facility. Returning to the unit they gathered scrap metal and tools to fashion weapons and escape equipment. It was alleged by two inmates that the door had been left open for two days. Furthermore, it was alleged that maintenance had locked the door after the second day. Upon review, there is no documentation of this occurrence in the Unit Log Book or CMIS.
Circa May 2008	Inmates begin to dig a hole through the exterior wall at the end of the corridor farthest away from the staff office on Unit 3A. Due to the location of the video camera this part of the corridor is not monitored. The inmates position a table in the corridor and have other inmates playing cards blocking the view of supervising Correctional Workers during the time they are digging the hole. They fashion a nail clipper to fit the screws holding the cover of a hot water register, removing and replacing the cover on several occasions. Over the course of the next four months they used the tools and scrap metal they had retrieved from the tunnels and cell block to tear away the steel plate lining the back of

	the register and scrape away the mortar between the bricks in the exterior wall. During this time they are braiding ropes to be used to climb over the wall and making home-made weapons to be used should they be confronted by staff during the escape.
Circa June 2008	According to source information a key was left in the lock in the entry/exit door of Unit 3A. Allegedly the key was handed to an undisclosed [redacted] staff member. Upon review, there is no documentation of this occurrence in the unit Log Book or on CMIS.
June 26th 2008	Corrections Worker forwards information [redacted] with respect to a possible escape attempt [redacted]
July 3rd 2008	Corrections Worker receives source information from RPS regarding a possible escape of [redacted] inmates in 3A and shares it [redacted]
July 3rd 2008	[redacted] shares information with 3A staff and deploys one extra Corrections Worker to 3A. Additionally, 3A staff advised to check cell doors. Inmates confined to cells.
July 8th 2008	Corrections Worker forwards information from June 26th [redacted]
July 9th 2008	Corrections Workers search Unit 3A and find weapons and other contraband.
July 9th 2008	CMIS review indicates that gang paraphernalia, pepper bag, shanks, balaclava/mask were found in search of Unit 3A. Unit to remain locked down pending investigation. • Contraband found in cell of Agecoutay • Contraband found in cell of Daniel Wolfe and James Pewean • Pepper bag found in cell of Kenneth Iron • Piece of sharpened bed frame in cell of [redacted]

July 12th 2008	Inmates throw garbage in corridor and demand privileges be reinstated.
July 14th 2008	Staff member submits unusually dangerous workplace document (Section 23 Occupational Health and Safety) re: inmates and their actions. 3A remains confined.
July 14th 2008	Memo from Corrections Worker to [redacted] regarding inmates acting up.
July 15th 2008	Unit 3A placed on secure program.
July 16th 2008	Briefing indicates that inmate [redacted] was moved off 3A due to security reasons. Unit 3A considered a secure range, programming and clothing changed to yellows to reflect the change.
July 16th 2008	Staff search Unit 3A and find weapons and other contraband. • Metal wrapped in paper and plastic on James Pewean • Shank and [redacted] gang paraphernalia, witness statements/court documents from [redacted] trial • Torn clothing
August 2nd 2008	Memo from Corrections Worker to [redacted] concerning pop cans and lids on Unit 3A. May have been from "Kentucky Fried Chicken Night" ordered for July 17th. Cans retrieved –no lids found or returned.
August 6th 2008	Inmates on 3A placed on a 50% program status whereby one half the inmates are let out of their cells for one half of the day the remaining inmates are let out the other half of the day. Inmate clothing changed to greys. This process is rotated on a daily basis.
August 9th 2008	3A inmates display marginal behaviour as unit prepares to return to remand rules. Slow to lock up –require direct order from [redacted]
August 13th 2008	[redacted] requests move from Unit 3A to East G. [redacted]

	[redacted]
August 20th 2008	Security review supports a continuation of the 50% program.
August 20th 2008	Memo from [redacted] regarding problems on 3A and recommending continued 50% secure unit status. This recommendation was supported [redacted]
August 21st 2008	Memo to inmates [redacted] indicating the recent pattern of negative behaviour and incidents involving the refusal to turn in unit stores such as the kettle and toaster; making "false" allegations about treatment of inmates and allegedly lying to staff about needing to use the phone for legal reasons and being verbally abusive to staff has made them move to a more secure environment including loss of complete corridor freedom. (continuation of 50% program)

INCIDENT CHRONOLOGY

NB: It should be noted that no active record or log was maintained at the commencement of this incident and as a result, this chronology has been created based on information gleaned from reports, logs, and information received during the course of the EIT's interviews.

Date	*Event*
August 24th 2008	
20:30 hrs.	Corrections Worker completes count on Unit 3A– all inmates accounted for.
20:35 hrs.	EIT advised by inmates that the escape occurred immediately following the count at 20:30 hrs.
Approx. 20:50 hrs.	[redacted]

	[redacted] advises a member of the Regina Police Service (RPS) of the information. Member of RPS relays the information to [redacted] RPS.
21:37 hrs.	RPS [redacted] phones RPS for phone number of RPCC.
Approx. 21:40 hrs.	RPS [redacted] phones RPCC Control Centre who forwards call to [redacted]. RPS [redacted] advises the [redacted] of information with respect to a possible "[redacted] escape" attempt.
Approx. 21:43 hrs.	[redacted] en route to Unit 3A observed ropes hanging from compound wall adjacent to Unit 3.
Approx. 21:45 hrs.	[redacted] attended Unit 3A and ordered inmates to lockdown.
21:47 hrs.	Corrections Worker phones RPS confirming that an escape took place.
Approx. 21:50 hrs.	[redacted] again orders inmates on 3A to lock up. No compliance.
Approx. 21:53 hrs.	Corrections Workers enter with shields, chemical agents, ASP batons and video camera.
22:00 hrs.	[redacted] notified of the escape by [redacted]
22:08 hrs.	RCMP notified about the escape by RPCC.
22:10 hrs.	[redacted]
22:10-22:20 hrs.	[redacted] Card with phone numbers at the Central Office had not been updated and made it difficult to contact people.
Approx. 22:35 hrs.	RCMP K – 9 Unit arrives to assist in search.
Approx. 22:40 hrs.	Corrections Workers remove inmates from cells in 3A and reassign them to other secure cells in the facility.

23:00 hrs.	Incident recorder assigned.
Approx. 23:05 hrs.	[redacted] briefs on coming [redacted] of occurrences. [redacted] briefs [redacted] of the incident.
Approx. 23:15 hrs.	Institution receives notification from Corrections Workers regarding the capture of inmate IRON [redacted] at the Twin Arenas. Inmates of 3A offered medical assistance.
Approx. 23:25 hrs.	Confirmed inmates refused medical assistance.
Approx. 23:30 hrs.	[redacted] offered Critical Incident Stress Management (CISM) [redacted]
Approx. 23:30 hrs.	[redacted]
Approx. 23:37 hrs.	Unit 3A end gate secured.
Approx. 23:37 hrs.	Corrections Workers directed by [redacted] to meet for a general debriefing.
Approx. 23:50 hrs.	Corrections Workers involved in perimeter search returned to the facility.
Approx. 00:40 hrs.	RCMP officer arrives to collect information on escapees.
Approx. 01:15 hrs.	RCMP K – 9 Unit terminates search for missing inmates.
Approx. 02:00 hrs.	All equipment returned to the "Rapid Response" room.
Approx. 03:00 hrs.	Flex cuffs removed from two inmates that had been removed from Unit 3A.
Approx. 03:45 hrs.	Flex cuffs removed from two additional inmates that had been removed from Unit 3A.
06:30 hrs.	[redacted]

[redacted]

Date	Event
August 25th 2008	RPCC locked down. Methodical facility search planned.
13:15hrs.	Joint Media release completed [redacted] Minister calls for review of Public notification process.
August 25,26,28th 2008	Corrections Workers submit numerous Section 23's [redacted]
August 26th 2008	[redacted] responds to staff's Section 23 concerns.
August 26th 2008	[redacted]
August 27th 2008	Internal and External investigation initiated.
August 29th 2008	Inmate PEWEAN captured [redacted]
August 29th 2008	In addition to the weapons and makeshift tools that were found on the range on the day of the escape, the following items were found in the indicated cells in Unit 3A subsequent to the escape: Cell 2: Sink plugged and full of water Cell 3: Two "makeshift dummies" covered by blankets Cell 4: Large plastic bag full of water Cell 5: Two metal weapons made of steel found in hole in wall, nail clipper taken apart, 3 inch saw blade, 2 metal spikes sharpened and bent in half, barber kit. Cell 6: None Cell 7: Broken sink Cell 8: Broken shelving unit, water stored in plastic bags Cell 9: None Cell 10: None Cell 11: Steel towel rack cut off of desk Cell 12: Broken sink, missing towel rack, broken water bag, shampoo bottle fashioned to spray liquid out

	Cell 13: None Cell 14: Water stored in large plastic bag *Note: The steel shower bar was loose on the wall and easy to remove from its bracket, it had red brick residue on each end. Maintenance door lock leading to the maintenance tunnel was obstructed. The entrance inside the cleaning room had debris stuffed in key hole as did the 3A corridor exit/entry door on the night of August 24th 2008.*
Sept. 9th 2008	Inmate BUFFALOCALF [redacted] and KEENATCH [redacted] captured.
Sept 17th 2008	Inmate WOLFE [redacted] captured.
Sept 23rd 2008	Inmate AGECOUTAY [redacted] captured.

Term of Reference #3:

"Were there any pre-incident indicators or extenuating circumstances in relation to this incident and were they acted upon prior to the incident?"

[redacted]

On July 3rd, 2008 at approximately 22:00 hours the [redacted] received information from the Regina Police Service advising that the RPS had received information that the [redacted] inmates on Unit 3A may be planning an escape during the evening of July 3rd, 2008. The [redacted] attended to Unit 3A and shared the information with unit staff and assigned an extra staff member to Unit 3A. A notation was entered in the Log Book with respect to the information received from RPS and all cell doors were checked. In addition, the unit was locked down and the information was placed on CMIS in order that staff throughout the facility could be apprised.

On July 9th, 2008 Corrections Workers suspected that inmates living on Unit 3A were under the influence of alcohol and or drugs. Subsequently, a search was completed in Unit 3A. A number of weapons were found as well as drug paraphernalia, gang pictures and a balaclava made

from sweat pants. During the search, staff noted that metal edging from the bottom of the cells was being removed to manufacture "shanks" and metal cans were alleged to be used to manufacture handcuff keys. As a result of this search, a number of inmates were charged internally and placed on a period of cell confinement. On July 16th, 2008 a second search of Unit 3A was completed and a "metal shank" and other contraband items were found in an inmate's cell.

According to staff the searches were initiated by Corrections Workers who were concerned with the negative behaviour exhibited by the inmates on Unit 3A. It was found that staff at the RPCC felt strongly that the inmates on Unit 3A were up to something but did not anticipate that they were planning an escape. Furthermore, the EIT determined through interviews with both staff and inmates that the Corrections Workers and the [redacted] did not interview or dialogue with any inmates on Unit 3A in an effort to determine what they were planning.

On July 14th, 2008 staff reported that inmates on Unit 3A expressed an unusual interest in regards to which staff would be scheduled to work Unit 3A. Further information received from the RCMP confirmed that the inmates were inquiring as to when "rookie" staff would be on duty. The EIT concluded that the inmates believed that the opportunity to execute the escape would improve at a time when inexperienced staff would be on duty.

Allegedly a Corrections Worker requested that the radiator covers be removed from the Unit 3A corridor and be inspected for any contraband. The Corrections Worker indicated this particular request was not approved as maintenance staff was not available at the time. This Corrections Worker could provide no documented evidence to support this allegation, nor [redacted] willing to inform the EIT to whom the request was made. Managers as well as maintenance staff were interviewed with respect to this particular allegation, and confirmed they were not aware of such a request. Management indicated that if such a request had been made it would have been authorized.

FINDINGS

- *Corrections Workers searched Unit 3A on July 09th and July 16th, 2008 and found a number of weapons and a balaclava.*
- *The [redacted] failed to adequately follow up on two critical pieces of intelligence with respect to a possible escape attempt.*
- *Corrections Workers neglected to dialogue with inmates in an effort to determine the reason for their inappropriate behaviour.*
- *Management and Supervisory staff neglected to direct any activity (ie: searches and inmate interviews) with respect to the intelligence received on June 26th/July 08th or July 3rd, 2008.*

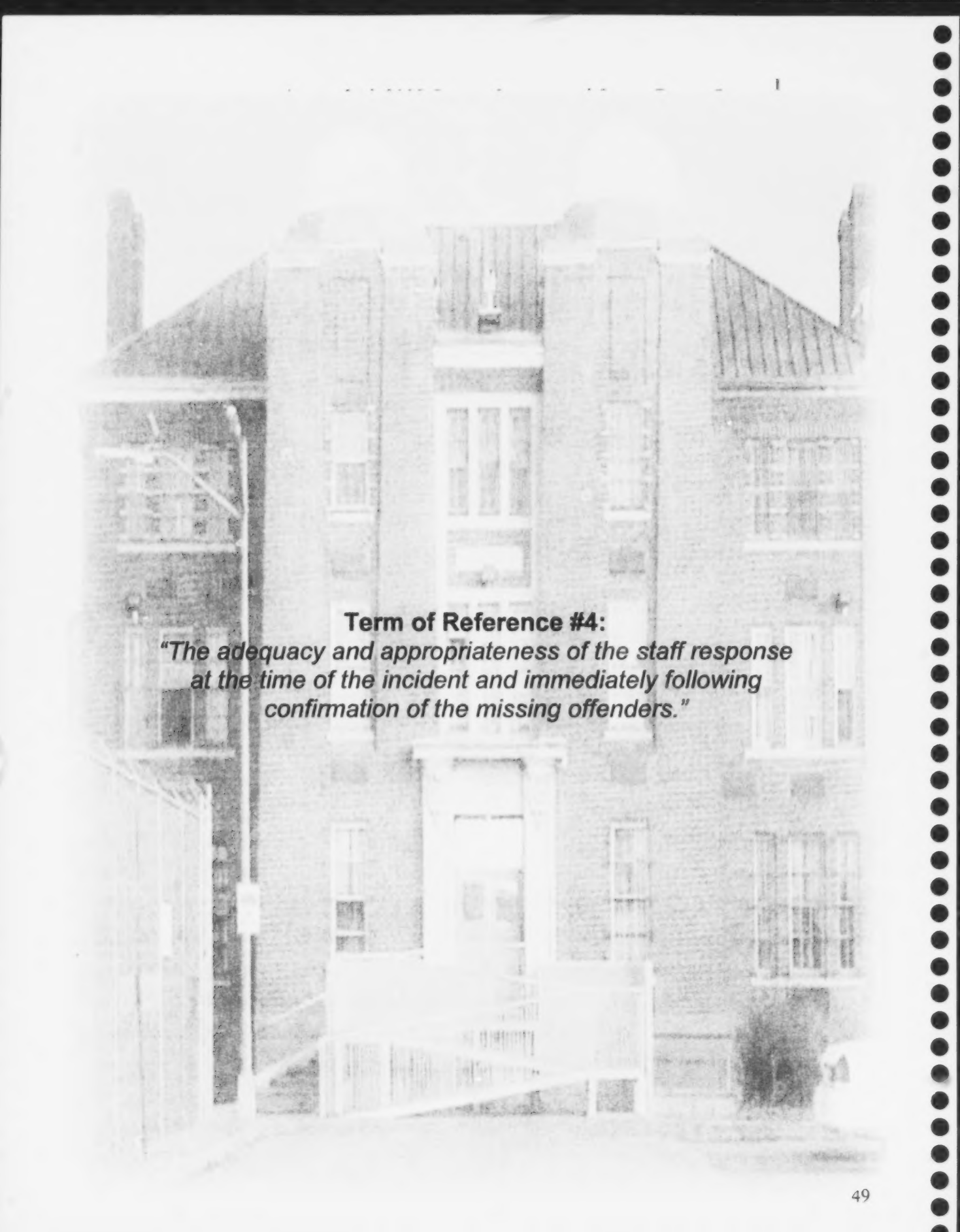
RECOMMENDATIONS

Recommendation #1:

A process for compiling and analysing intelligence be implemented at the RPCC. This will require a support position to the office of the SIO.

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.



Term of Reference #4:

"The adequacy and appropriateness of the staff response at the time of the incident and immediately following confirmation of the missing offenders."

[redacted]

The EIT would like to acknowledge the appropriate decision made by the [redacted] and [redacted] staff when they, in the interest of public safety, put themselves in harm's way and secured Unit 3A without the use of the Emergency Response Team (ERT). The EIT finds no fault with the level of force and the manner in which staff performed this action. The responders gained access to and proceeded down the range in a methodical fashion, utilizing an appropriate level of force, thereby securing and gaining control of inmates who demonstrated various levels of non compliance.

The EIT recognizes the commendable intentions exhibited by staff by also putting themselves in harm's way in their efforts to search the grounds and surrounding areas of the RPCC. There are a number of concerns with the manner in which that action occurred.

The RPCC has developed an excellent Rapid Response guideline for staff in the event that such a response is required. This Rapid Response guideline (Code Green) has not, prior to the escape had an opportunity to test its viability for success in the event of an escape through simulation exercises.

Through EIT interviews it was evident that a number of staff participated in an immediate search of the grounds in and around the RPCC. The EIT finds that this participation was done primarily without the direction and coordination of the [redacted] who had vacated the [redacted] position in favour of responding to the disturbance on Unit 3A corridor. Many of the staff had to be called back to the facility to assist in the securing of the unit.

Although a coordinated and orderly search of the grounds is necessary to ensure that every sector is covered, the EIT has serious concerns surrounding issues of personal safety of the Corrections Workers and the manner in which they engaged in the search. Some members utilized their own vehicles to search the grounds area. During the course of the search, the motor patrol left the grounds and travelled to the Twin Arenas 6 kilometres away and located

inmate Iron thus facilitating his arrest. The motorized patrol abandoned the perimeter of the RPCC thereby leaving the facility without support of its perimeter patrol.

Subsequent to the Code Green, certain staff did not follow the designations noted on the deployment sheet for response. Numerous staff responded, however, there was no process in place to ensure all posts were sufficiently covered.

- *There was limited staff coordination in response to the escape.*
- *Staff responded to various locations on their own initiative.*
- *Staff safety was in jeopardy.*

Recommendation #2:

The RPCC conduct simulation exercises in order to test contingencies and allow staff to practice their expected roles.

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.

PRESERVATION OF EVIDENCE AND HANDLING OF EXHIBITS:

The EIT finds that there is no direction found in the Regulations or Divisional Directives with respect to the preservation of evidence and handling of exhibits. RPCC Standing Order 455(A) outlines the manner in which contraband is to be identified, recorded, and stored for continuity purposes. Although some manufactured tools and weapons were left within the "secured" crime scene, it appears that weapons and tools were removed from the incident site with no regard for continuity and preservation [redacted] These articles were left unattended and open for scrutiny by any person [redacted]

Although the crime scene was "secured" the integrity of that security is in question. The EIT was informed by the [redacted] and the [redacted] that the camera at the end of Unit 3A may have been covered at some point. Through interviews it was discovered that the camera had in fact been

covered over. The covering was tampered with by [redacted] who removed wet toilet paper from the camera lens on the evening of August 24th, 2008.

[redacted]

[redacted] RCMP raised several issues in regards to the preservation of the scene and evidence. After the event and after prisoners had been removed there should not have been a search or anything disturbed. The corridor should have been sealed immediately until the RCMP arrived. There was no log sheet of who entered the crime scene and at what time, nor any indication of the handling of items before the RCMP attended. It is unknown who took which items, where these items were originally found and what time they were taken. It is noted however, that staff at the RPCC are not trained in scene preservation and evidence and exhibit handling in the same manner as a trained RCMP investigator.

- *There is no Regulatory or Divisional Directive with respect to the preservation of evidence or handling of exhibits.*
- *The RPCC Standing Order provides direction with respect to the preservation of evidence however, this direction was not followed by staff who handled contraband in this particular instance.*
- *[redacted] tampered with the crime scene when removed wet toilet paper from the 3A corridor camera.*

Recommendation #3:

An expert policy analyst be employed to conduct a comprehensive review of Regulatory Documents and Divisional Directives to ensure that they provide adequate direction to the facilities.

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.

STRIP SEARCHES AND RESTRAINT:

The Corrections Regulation 38(1) and Standing Order 455 provide direction to staff outlining circumstances where females can be involved in strip searches of male inmates. The EIT could not find a Divisional Directive specific to strip searches of inmates. During the extrication of inmates from Unit 3A, it is apparent that [redacted] was involved in these strip searches [redacted]

The Regulation speaks to the "manner and location" of strip searches that respects the "dignity and privacy" of the person being searched. [redacted]

Although the EIT does not take issue with the manner in which restraint was applied to the inmates being removed from Unit 3A, the incident chronology reveals that the restraints in some cases were left on the inmates for between four and five hours. The EIT could not find any evidence that supported this continued use of restraint equipment.

- *The RPCC did not follow the Regulation or the Standing Orders with respect to the cross gender strip searching of male inmates.*
- *The inmates that were removed from Unit 3A were left in restraint equipment for an excessive period of time for no apparent or documented reason.*

VIDEO TAPING AND REPORTING THE USE OF FORCE:

Divisional Directive Security 001 paragraph 7.2 directs that every pre-planned use of force be videotaped. Although this use of force was reactive in nature, a video taping of the force utilized was taken. Paragraph 7.5 dictates that each staff member involved in or is a witness must submit a detailed report of the incident. Paragraph 7.6 of Divisional Directive 0001 dictates that the Director must review the video tape and reports for consistency and appropriateness with respect to the use of force. The EIT could not find evidence that detailed reports regarding the use of force were submitted or if they were reviewed [redacted]

- *The EIT finds that video-taping was done in accordance with Divisional Directive Security 0001.*
- *There was not compliance with reporting requirements.*
  with respect to the use of force.

SUBMISSION OF REPORTS SUBSEQUENT TO INCIDENT:

Divisional Directive Security 001 and Standing Order 411 direct that staff who are involved in an incident submit their reports prior to the conclusion of their shift. In many cases, this was not done. The EIT has specific concerns with respect to the quality and compilation of these reports which will be addressed in subsequent Term of Reference #6.

REPORTING ESCAPE TO POLICE:

The chronology of this incident reveals that the RPS was notified of the escape by the RPCC within seven minutes of the discovery of the escape. The RCMP, however, was first notified at 22:08 hours; a timeframe of twenty eight minutes after initial notification.

- *The EIT finds that the reporting of this incident to the Police Service with jurisdiction was within acceptable time frames.*
- *The EIT notes that the Police Service with jurisdiction was not the first Service to be contacted.*

DECONTAMINATION:

The level of force utilized in securing Unit 3A and the use of organic agents was considered appropriate. Divisional Directive 0001 paragraph 6.4 speaks of decontamination procedures that must occur after the use of such agents. The inmates were not permitted showers, however, they were given an opportunity to self decontaminate utilizing water from sinks they had access to. They were immediately moved out of the contaminated area and were offered medical attention which according to reports was declined by the inmates.

- *The EIT has no issue with respect to the decontamination of inmates that were exposed to organic agents.*

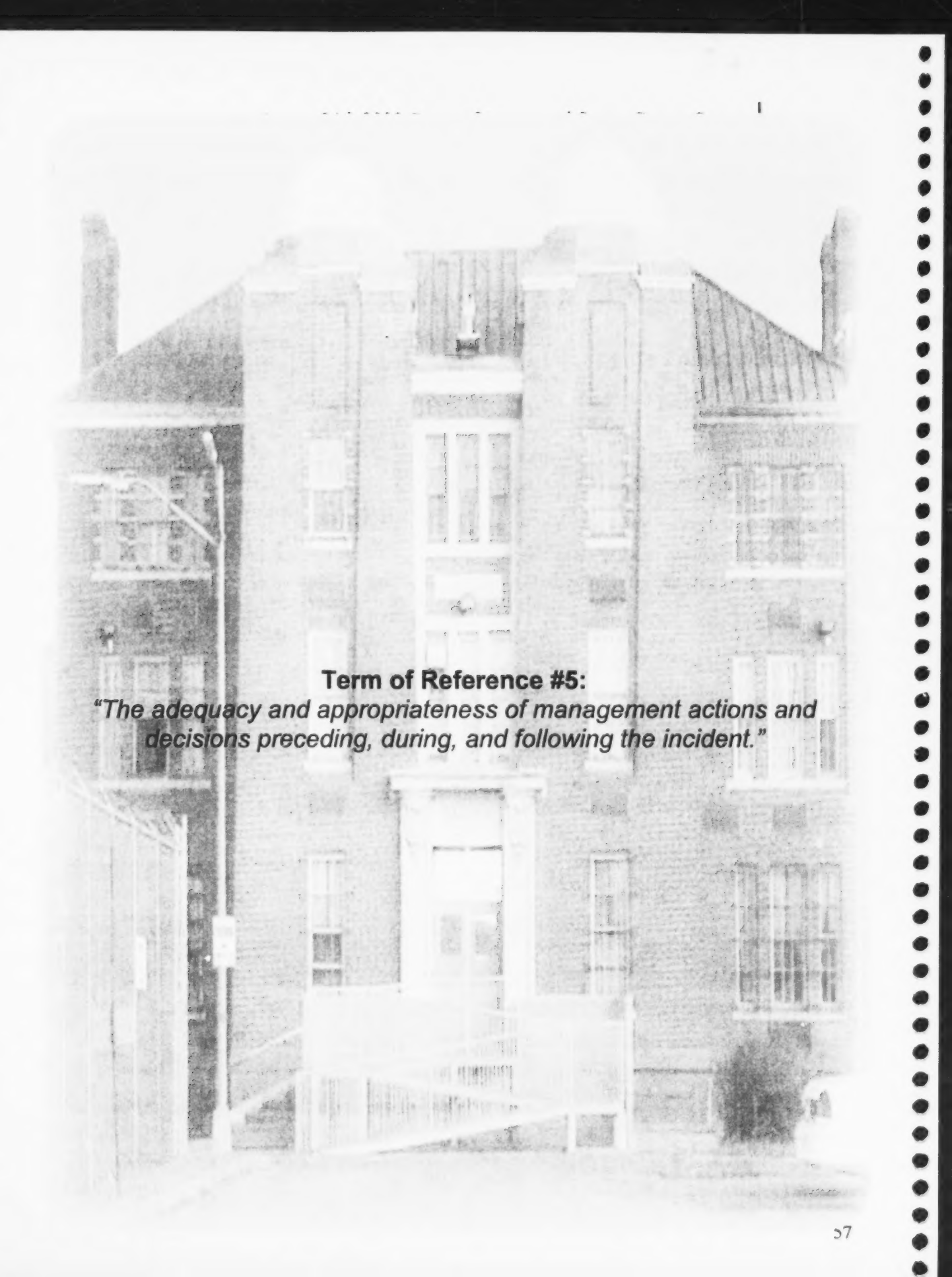
CRITICAL INCIDENT STRESS MANAGEMENT:

The EIT could not find a Divisional Directive that dictates that Critical Incident Stress Management be offered to staff involved in a critical incident. The EIT was advised that [redacted] the CISM team was in a state of disarray. Despite this, a defusing was provided to one [redacted] by [redacted] who had previous training in such activities and individual follow up was provided. No other CISM activities were offered to staff that were involved in responding to this emotionally upsetting incident. There were no alternate plans in place at the RPCC to provide CISM services within the requisite 24 to 72 hours.

- *There is no Divisional Directive addressing institutional obligations with respect to CISM.*
- *The RPCC failed to provide CISM within recognized standard time frames.*

Recommendation #14:

That a Divisional Directive be developed addressing Critical Incident Stress Management requirements following serious incidents.



Term of Reference #5:

"The adequacy and appropriateness of management actions and decisions preceding, during, and following the incident."

MANAGEMENT ACTIONS PRECEEDING INCIDENT:

At all levels of the organization, both at Central Office and at the RPCC, there is evidence of deficiencies in "*adequacy and appropriateness of actions*" that have resulted in the growth of a culture and an environment that largely contributed to the escape on Unit 3A. This culture has been identified for many years as evidenced by various reports reviewed by the EIT. The culture and environment will be elaborated on under the Term of Reference "*Any other matter*".

Central Office must take a far greater role in addressing issues of policy development, review, promulgation, performance assurance and accountabilities to ensure that Corrections Workers are performing their duties as assigned. This opinion has been developed as a result of EIT interviews and review of Legislation, Regulation, and Divisional Directive. Corrections Branch has numerous Divisional Directives and Standing Orders that are out dated, which are not being followed and in some cases provide inadequate direction. There does not appear to be processes in place that would assure compliance. This falls squarely on the shoulders of Central Office.

• *Central Office has failed to make certain that the RPCC has functioned in accordance with Legislation and policy that would ensure remanded inmates were managed in accordance with the Mission of the Corrections Branch.*	Recommendation #4: Additional resources be provided to Central Office in order that they can take a more active role in ensuring that facilities function in accordance with Legislation, Policy and the Service's Mission.

MANAGEMENT ACTIONS DURING AND AFTER INCIDENT:

Institutional Lock Down and Count

Immediately upon the discovery of the escape, the [redacted] called a code green (rapid response designation for an escape attempt) and a facility lockdown and count. The lock down and count was done effectively and without incident.

- *The immediate response in securing the facility subsequent to the discovery of the escape was appropriate and in accordance with policy.*

Change of Command

Management staff were trained in protocols related to the change of command in emergency situations. This protocol directs that the On Call Manager arriving on site would receive a briefing from the Interim Crisis Manager and then assume the position of Crisis Manager. The chronology indicates that the [redacted] received a briefing however, in this instance, there is no recorded time that [redacted] arrived at the facility. The EIT could find no evidence that a change occurred when the [redacted] arrived; nor could it find evidence that all posts were notified of that person's assumption of command. Finally, the EIT could not identify the particular role which that person assumed upon arrival.

- *There is no recorded time that the arrived at the facility.*
- *The neglected to assume command of the incident when arrived.*
- *The failure to establish a command structure contributed to a number of incident related deficiencies.*

Role Confusion

The [redacted] in an incident of this nature assumes the role of Interim Crisis Manager. This person is in a directive role, not a participatory role and is responsible for coordinating security activities with respect to: "*locate and verify, contain isolate and control, evacuate and mobilize resources*". The EIT discovered that the staff member [redacted] did an excellent job in securing the range, [redacted] was not available for coordinating other activities with respect to the escape.

- *The [redacted] erred when [redacted] vacated the role of [redacted] and filled the role of [redacted] in securing cells.*
- *The failure to assume interim command contributed to immediate confusion and staff deployment deficiencies.*

Implementation of the Crisis Management Plan

Managers and other persons identified as having a role to fill within the Crisis Management model at the RPCC are identified within the facilities' contingency plans. The RPCC has a set of contingency plans that are designed to assist management in responding to emergency situations such as escapes. There are excellent checklists for use by Managers; however the plans require some amendment and updating to address certain areas of conflict, such as details of critical posts, a list of duties to be performed by staff designated to fill each post as well as persons identified as reporting to that position. On the evening of August 24th, 2008, the contingency plans were not accessed [redacted] nor was there evidence that the Command Center was opened and emergency associated directions and activities coordinated from that location.

- *An Incident Command Center was not opened on August 24th, 2008 which would have assisted in the coordination of activities associated with the escape.*
- *[redacted] neglected to fulfill duties outlined in contingency plans associated with major incidents.*

Central Office Crisis Management Support and Reporting

There is no directive or instruction that provides for Crisis Management support and the flow of information at Central Office. Divisional Directive 0012 however, directs that the facility Director after working hours is to report serious incidents to the Executive Director of Corrections via cellular phone. In this instance the [redacted] did not comply with policy and contacted the [redacted] directly in regard to the escape. The [redacted] subsequently had difficulty ensuring that critical information was passed on to appropriate senior staff. There is no formal capacity for Central Office to provide advice, utility and logistical support from other sources in the event that such support is required.

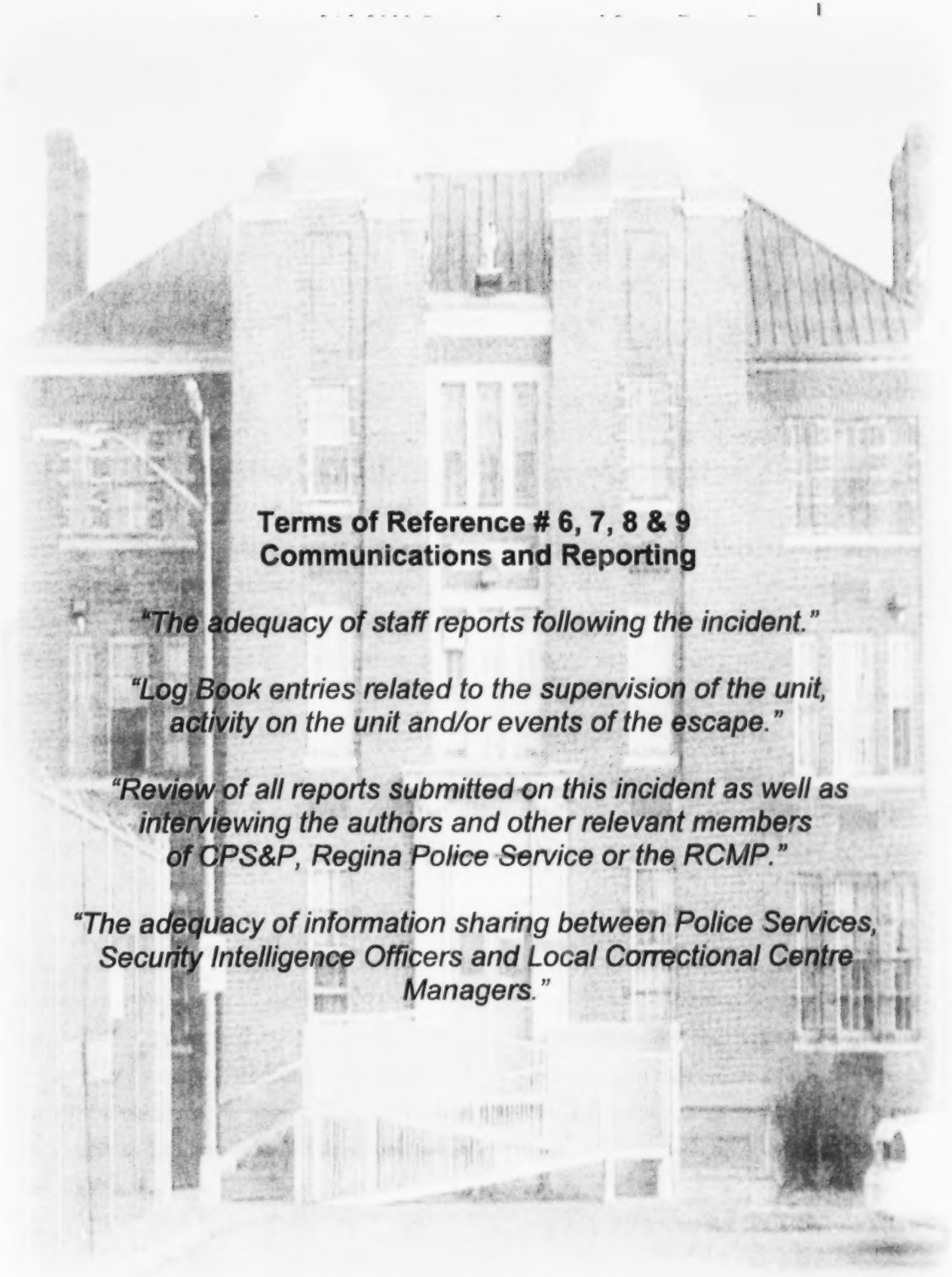
- *There is no requirement for, nor is there any formal Central Office Crisis Management Support structure in place.*

Recommendation #5:

That a Central Office Crisis Information and Support Center be activated for major emergency situations.

Recommendation #2:

The RPCC conduct simulation exercises in order to test contingencies and allow staff to practice their expected roles.



Terms of Reference # 6, 7, 8 & 9
Communications and Reporting

"The adequacy of staff reports following the incident."

"Log Book entries related to the supervision of the unit, activity on the unit and/or events of the escape."

"Review of all reports submitted on this incident as well as interviewing the authors and other relevant members of CPS&P, Regina Police Service or the RCMP."

"The adequacy of information sharing between Police Services, Security Intelligence Officers and Local Correctional Centre Managers."

Corrections Workers have the ability to generate reports on the following four different systems:

- Corrections Management Information System (CMIS)
- E-mail system
- Word document program
- Written Log Book specific to each unit

THE CORRECTIONS MANAGEMENT INFORMATION SYSTEM (CMIS):

The CMIS system is a computerized inmate information management system which was implemented in 1991. It is password protected and may be accessed by Corrections employees throughout the province. Corrections Workers are required to report on major events and/or enter information which may be of interest relative to their specific facility.

Retrieval of this information can be done by all corrections staff at the RPCC as well as those working at Central Office. This is done by scrolling through the data on an hour by hour basis when staff are on shift. When Corrections Workers return to work after their days off, they are expected to go back and review the information that had been placed on the system during their absence.

Employees indicate that the only training they have received on the system was shortly after the CMIS became operational or during their Core Training Program (CTP). Due to the lack of training some staff are extremely resistant to using CMIS to its full potential. During our interviews it was found that some staff either do not use the system at all (one employee told the EIT that [redacted] does not know [redacted] password) or because of a lack of typing skills they are hesitant to leave a detailed report. The EIT reviewed numerous incident reports related to the escape of August 24th, 2008. Overall, the reports were of poor quality, as they lacked sufficient detail and relevant information.

Retrieval of information with respect to important events is difficult. As a result of interviewing seventeen Corrections Workers the EIT found only three had read the escape information on CMIS. There is no one-step process for accessing all reports and data within CMIS relating to an incident. This type of access would eliminate the need for a manual computerized review for all information required. According to staff, the CMIS system "goes down" between midnight and the early morning hours for updating. Should a "notable event" occur during this time, staff would have to defer to alternative measures to report the occurrence (e-mail, word document, written report).

Upon review of CMIS the only recording that a potential escape was imminent was a report generated [redacted] on July 3rd, 2008. In that report the [redacted] advised that [redacted] had received information from another staff member who had acquired information from the Regina Police Service that "inmates on Unit 3A may be planning some sort of escape attempt tonight".

Before the advent of CMIS, Supervisors conducted daily pre-shift briefings. The briefings were designed to share important information with all front-line staff. With the onset of CMIS the briefings were discontinued. Corrections staff advised the EIT that this method of relaying information was an excellent way of "making them aware of what was going on in the facility".

- *The CMIS system is antiquated, labour intensive and not user friendly.*
- *A lack of exposure, training and staff initiative on CMIS has resulted in significant information not being recorded or reviewed appropriately.*
- *Pre-shift briefings were discontinued following the introduction of CMIS.*

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.

Recommendation #15:

The Corrections Management Information System be enhanced or replaced.

Recommendation #16:

The Corrections Management Information System must be the only system for recording operational information.

Recommendation #22

Daily pre-shift briefings must be implemented at the RPCC.

E-MAIL SYSTEM:

As an alternative to CMIS, Corrections Workers are allowed to use an e-mail system to distribute information to individual employees or to employees throughout the facility. Information distributed in this fashion is only accessible by designated recipients. It is dependent on those in receipt of the information to read each and every e-mail or important correspondence will inevitably be missed.

The EIT has determined that information entered on the e-mail system is not necessarily entered on CMIS and therefore is not accessible by staff who are not on the original distribution list.

- *E-mail is not an appropriate communication tool for sharing*
- *operational information.*

Recommendation #16:

The Corrections Management Information System must be the only system for recording operational information.

WORD DOCUMENTS:

Another alternative available to staff is to type a "Word Document" which is then forwarded to Management electronically or as a hard-copy. It is the responsibility of Management to distribute the information to the affected employees. Several word documents were generated by staff after the escape and hardcopies forwarded to the [redacted] to be included in the "escape file". These word documents were not merged into CMIS and consequently not accessible to staff.

- *Word documents for the purpose of distributing information to a broad spectrum of users relating to major incidents or important events are unreliable.*

Recommendation #16:

The Corrections Management Information System must be the only system for recording operational information.

[redacted]

LOG BOOK:

The Log Book is a permanent written record by shift of each work areas/units activities. It is a document for employees to fill in manually including information such as;

- Staff name
- Unit checks, counts, times and by whom
- General observations
- Inmate movement
- Team Leader signature

The book is intended to be utilized by staff assigned to the specific area (ie: Unit 3A) and is not to be removed from the work area without the authority of the Manager for that area.

Log Book entries are intended to immediately identify operational, security and program activities and direct staff to a more detailed and comprehensive recording contained in the Incident Log Report (CSIM) or Shift Briefing.

The Log Books are not a reliable source of information gathering and reporting as they are not utilized appropriately by staff and not regularly monitored for accuracy by Supervisors. [redacted]

The EIT was informed by numerous inmates that there are times when they don't see a Corrections Worker for hours, yet all obligatory checks are recorded as required. The EIT was also informed by staff and Managers that they didn't have confidence that all unit inspections were completed in accordance with Standing Orders. Electronic technology is available that

would provide an accurate permanent record in support of Corrections Workers completion of inspections. This type of technology has not been implemented at the RPCC.

The EIT examined Log Books from November 8th, 2007 to August 24th, 2008. The Unit 3A books lacked detail and did not sufficiently address requirements as per Standing Order 411 "Information Sharing". The EIT received significant information from inmates and staff that should have been entered into the Log Books but was not. Examples include the following:

- Maintenance tunnel door being left open prior to the escape.
- Inmate returning an end-gate key to Unit 3A staff.
- Search on July 9th, 2008.
- Contraband seized from Unit 3A on July 9th and July 16th, 2008.
- Misbehaviour of inmates on Unit 3A over the course of several months.
- Inmate movement, activities and periods of cell confinement on Unit 3A.

The EIT examined the Unit 3A log for the day of the escape and found that [redacted] had entered into the log that inmates from cells two to six were on the corridor when in fact inmates from cells two to seven were on the corridor. The 3B log notes that all checks were completed at appropriate time frames, yet the EIT is aware that the [redacted] responsible for these checks was involved in the securing of Unit 3A and could not have performed these checks.

The EIT found that Log Books were regularly signed off by the [redacted] responsible for Unit 3 despite the fact that information was either missing or inaccurate.

EVENTS OF ESCAPE:

The only significant Log Book entry regarding the potential of escape was performed by [redacted] on July 3rd, 2008. Information concerning activities on the unit prior to the escape relating to "general observations" or "inmate movement" were lacking in detail or non-existent. The Corrections Workers from Unit 3A and 3B participated in the rapid response

to the escape however the Log Book does not reflect their involvement. Furthermore, the Log Book confirms that the counts and checks continued to be completed uninterrupted for Unit 3B.

- *The Log Books are not completed as per Standing Orders and are not reliable.*
- *There is no accountability mechanism in place to ensure cell checks are completed by Corrections Workers.*
- *The only evidence of communication regarding the potential of escape was an entry in the Log Book on July 3rd, 2008.*

Recommendation #17:

A computerized accountability system be installed at RPCC to monitor and record staff unit inspection and checks.

[redacted]

The majority of reports reviewed by the EIT whether CMIS, e-mail, or word documents revealed a general lack of detail and quality necessary for appropriate information sharing. Generally supervisors do not ensure that reports submitted by Corrections Workers are to an acceptable standard. Not only is the lack of detail an issue, but the intentional omission of information is a concern. There was evidence that staff deliberately excluded information relevant to the escape (ie: covering of the camera). These actions constituted negligence on the part of staff. The explanation provided by staff for not including the information was that they didn't want to *"rat out on a brother or sister"*.

There are a number of examples where evidence of follow-up was insufficient or non-existent. A significant example occurred when a Corrections Worker forwarded an e-mail dated June 26th, 2008 to [redacted] concerning information received from an [redacted] informed the staff member that the word on the street was that [redacted] were "going to be out soon". [redacted] went on to say "they are doing it like the movies". The Corrections Worker didn't receive a reply back [redacted] The staff

member subsequently forwarded the same e-mail to the [redacted] on July 8th, 2008. The [redacted] requested that the [redacted] follow-up on the information. The [redacted] consulted with the Regina Police Service and concluded that the information was "old news". As a result, no further action or follow-up occurred. Neither the [redacted] nor the [redacted] relayed this information back to the originating Corrections Worker and Unit 3A staff. This adds to an environment of frustration and an attitude of *"they aren't listening to us any way, so why should we pass the information on in the first place."*

- *None of the communication systems are interconnected. A manual review is necessary to bring information together.*
- *Reports generated by Corrections Workers are of poor quality, lacking detail and accuracy.*
- *Staff was negligent by failing to document specific details with respect to the escape.*
- *There is a failure to provide adequate response to staff members who submit concerns relating to issues of safety and security.*

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.

Recommendation #16:

The Corrections Management Information System must be the only system for recording operational information.

OUTSIDE AGENCY REPORTS:

The EIT met with both the RPS and RCMP concerning the details of the escape. Since outstanding criminal charges regarding the escape are pending the EIT did not seek access to investigation reports compiled by the RPS and the RCMP. Pertinent information received from both of these agencies has been included in the body of this report.

[redacted]

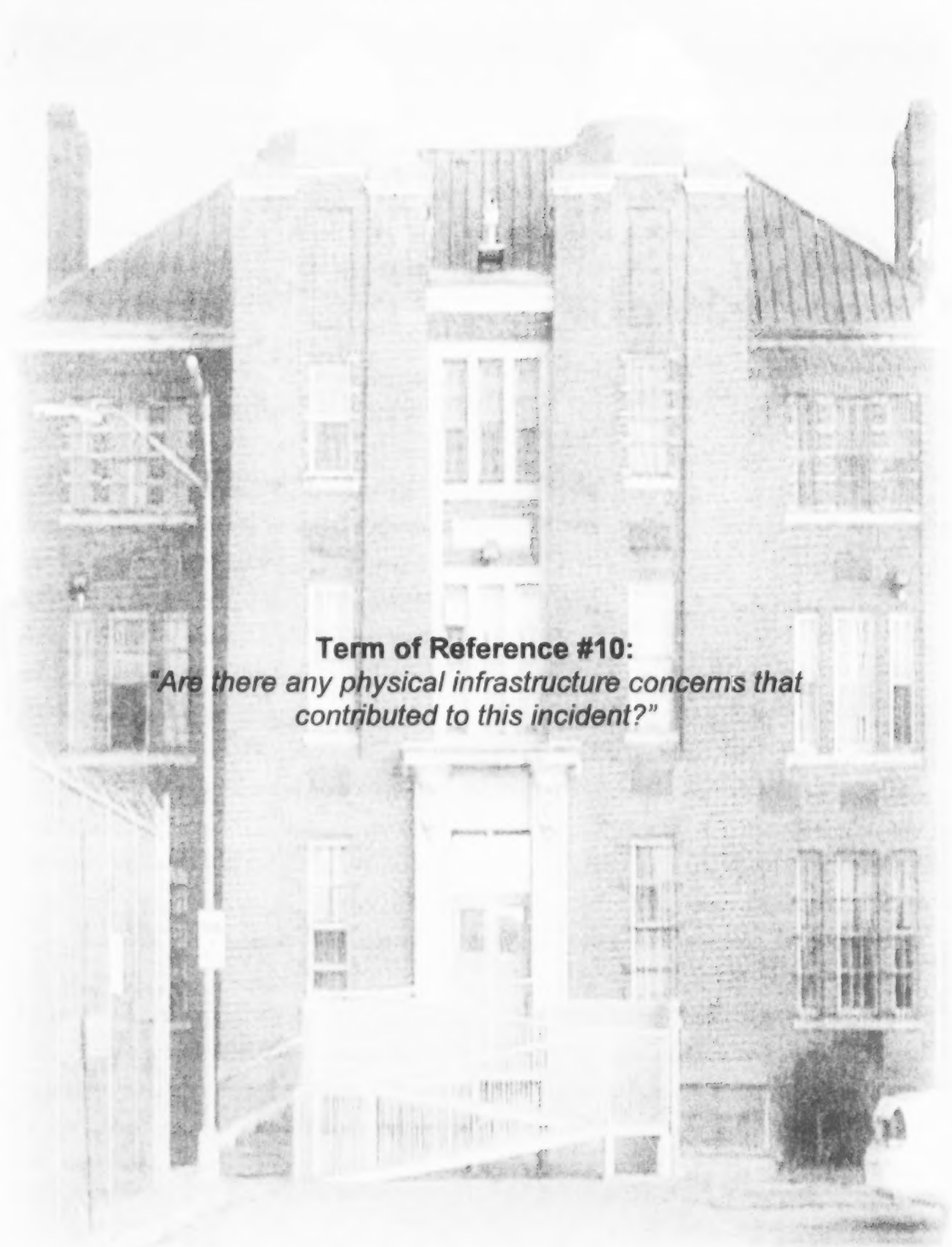
INFORMATION SHARING WITH OUTSIDE AGENCIES:

The EIT interviewed members of the RCMP and RPS regarding their relationship with the RPCC. In general terms, both agencies indicate that communication between themselves and RPCC has been on-going and adequate.

There is direction within Divisional Directive – Security 0012 (Reporting of Serious Incidents) for the notification to police agencies regarding escapes. Although the RCMP is the police service of jurisdiction, they were not the first agency to be notified of the escape. Corrections Workers notified the RPS seven minutes after the escape and the RCMP was notified twenty one minutes later. A detailed report was provided to the RPS and RCMP in a timely manner.

Intelligence sharing with outside agencies is primarily the responsibility of [redacted] The RCMP indicated that there was no intelligence shared between the RPCC and the RCMP concerning the potential of an escape. Specifically, the intelligence received [redacted] on June 26th and July 3rd was not discussed with the RCMP. The [redacted] did not confirm that the RPS had shared this information with the RCMP.

- *RCMP and RPS indicates that general communications between police agencies and the RPCC are adequate.*
- *There is a lack of intelligence information sharing between the RPCC and the RCMP.*



Term of Reference #10:

"Are there any physical infrastructure concerns that contributed to this incident?"

When discussing facility concerns, it is important to understand the level of risk that inmates housed within the facility pose to escape as well as the level of risk to public safety should such an escape occur. Inmates who are remanded or sentenced primarily for schedule 2 (Criminal Code) offences, who pose a low risk to reoffend violently and who have no prior history of escape, could be housed in a far less secure facility than persons remanded or sentenced to schedule 1(Criminal Code) offences or offences of a violent nature.



Inspecting Unit 3 and researching previous investigation reports into escapes of a similar nature, the EIT arrived at a number of conclusions. Unit 3 is located within the older portion of the prison which was constructed in the early 1960's. The interior side of the exterior walls of this unit are constructed with cinder blocks while the exterior side is finished with a single course of red bricks. Imbedded in the cinderblock course are heating radiators that span the full length of the corridors. An office and a camera were included to facilitate direct supervision of the inmates and monitoring capabilities of the corridor. The camera's utility is limited as it does not provide coverage in the last seven feet of the corridor. In a report prepared after an escape in 2004 it was documented that the cinder blocks could be removed and as a result, the upper portion above the registers of the interior walls were covered with sheet metal. Still, there is no capacity to monitor inmate behaviour in the cells and such monitoring would have to be done through staff patrols.

The wall and fence augmented with razor wire around the compound adjacent to Unit 3A provides additional support should the unit wall be breached. There is a tilt/zoom camera mounted to the top of the corner wall of 3A that provides some surveillance of the compound and the surrounding exercise field outside of the compound. This camera does not tilt sufficiently to detect any activity directly below it which is where the inmates scaled the wall

during the escape of August 24th, 2008. There are two fences augmented by barbed wire bordering the surrounding exercise field. There is no perimeter intrusion detection system designed to detect unauthorized movement on any fence or wall at the RPCC. Although the exterior perimeter lighting is on a photo-cell which schedules the lights to come on at dusk, the EIT was informed by inmate sources that the inmates timed their escape for a time when the lights had not yet illuminated.

At the time of the escape, every inmate housed on Unit 3A was remanded with the exception of one [redacted] In addition, of those housed on Unit 3A, a number of the inmates, if convicted, would be placed in maximum security in a Federal Institution for a period of no less than two years according to Corrections Service Canada policy. A Federal maximum security facility affords a far greater level of public protection against an escape attempt than was available at the RPCC on August 24th, 2008. Inmates on Unit 3A went about the business of digging out through the wall undetected by less than vigilant staff for a period of approximately four months.

FINDING

- *It is concluded that the physical structure, fencing, lighting and electronic surveillance systems of Unit 3 is not sufficient to compensate for staff errors and failings that may allow for high risk inmates to obtain contraband and to go undetected in their efforts to breach that structure.*

RECOMMENDATION

Recommendation #18:

High risk inmates should not be housed in Units 3, 4, 5, 6, & 7 until a security audit has been completed and the Units have been equipped with infrastructure improvements and a perimeter intrusion detection system.

Term of Reference #11:

"The adequacy of staffing levels in the affected areas."

[redacted]

One Team Leader is responsible for staff supervision as well as the overall security, administrative and program objectives for Unit 3. The Team Leader is an in scope position, which is closely involved in overall management activities at the facility. The Team Leader has an office in Unit 3, and provides supervision to staff during the dayshift, excluding weekends. After regular business hours and weekends the ADD is in charge of the entire facility. The ADD is responsible for responding to numerous situations whether routine and/or crisis in nature. Depending on the nature of the incident (ie: escape) the ADD is responsible to immediately report the incident to the Senior Manager on call at the facility who consequently reports the incident to Central Office.

Staffing levels for the entire facility are predetermined and follow an established shift pattern. In the event that staff book sick or are absent for other reasons, (ie: training), part-time staff are called in to backfill. When sufficient part-time staff is not available, overtime will be authorized. Unit 3 includes two floors with two corridors on each floor. At the time of the escape, one staff was assigned to each of corridor A & B and a third staff was assigned as a "floater" that is shared between corridors 3A & B. Short staffing does not occur, and Unit 3A corridor was fully staffed at the time of the escape.

[redacted]

While the EIT was attempting to set up inmate interviews and attend certain areas within the RPCC after hours, their only management/supervisory contact was the A/ADD on shift. This person was on each occasion, either tied to the phone in the office attempting to fill shifts for the night or following day or dealing with some critical issue presented at the moment. This is not meant to be a criticism of that person but it was obvious there was no time to assist us to any great extent. This lack of uncommitted time does not allow the ADD time to move around the facility to assess whether or not the facility is functioning as it should.

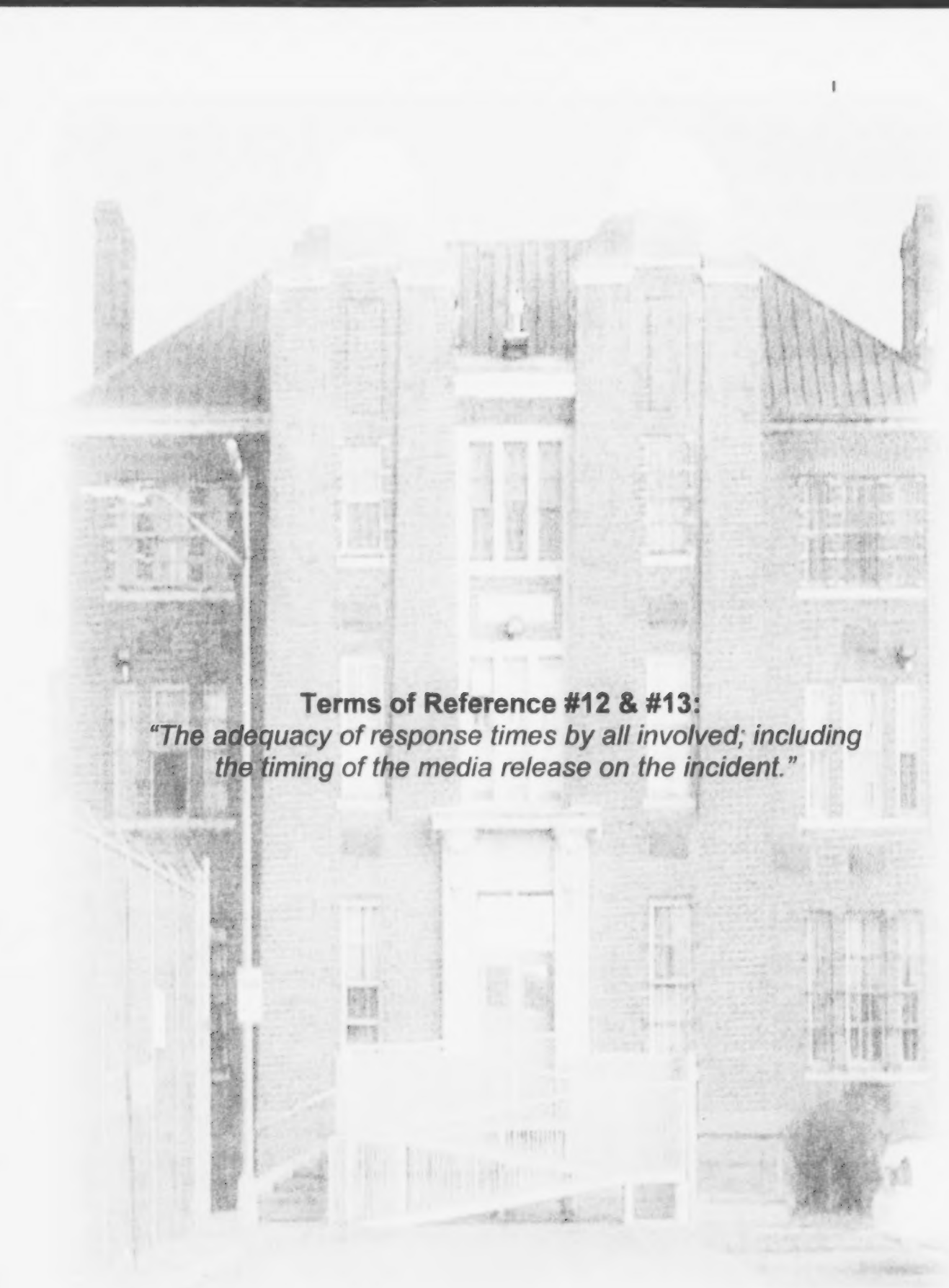
- *Unit 3 was fully staffed at the time of the escape.*
-
- *There is an insufficient Management presence at the RPCC after normal working hours.*

Recommendation #8:

The Assistant Deputy Director positions must be out of scope management positions.

Recommendation #9:

Management presence be increased outside normal working hours to include two out of scope managers.



Terms of Reference #12 & #13:

"The adequacy of response times by all involved; including the timing of the media release on the incident."

[redacted]

In accordance with Divisional Directive Security – 0012 "Reporting of Serious Incidents in Correctional Facilities" the [redacted] failed to contact the [redacted] immediately and reported the incident to the [redacted] at 22:10 hours on August 24th, 2008. [redacted]

The following is a chronology of response times in regards to communication efforts:

- 21:47 hours the RPS was notified of the escape.
- 22:00 hours the [redacted] was notified.
- 22:08 hours the RCMP was notified of the escape.
- 22:10 hours the [redacted] but could not make contact and left a message.
- 22:10 hours the [redacted]
- The [redacted] but did contact the [redacted] and advised of the escape.
- The [redacted] and left a message on [redacted] cell and home phones.
- At 06:00 hours the [redacted]
- 13:15 hours (August 25, 2008) joint media release completed [redacted]

There was no recorded time of when the [redacted] arrived at the facility.

The [redacted] expressed some nervousness over the delay in immediately contacting senior officials and the difficulty in advising them of the escape. A listing of phone numbers was

available but was not up-to-date. A formal system is not in place at Central Office for the purpose of responding to and providing support to the facilities in the event of crisis situations.

Divisional Directive Security 0001 directs that: "The Executive Director of Corrections, in consultation with Justice/Corrections and Public Safety Communications Branch, shall direct arrangements for sharing of information with the media". The EIT is of the opinion that this instruction by itself does not provide adequate direction with respect to individual responsibilities, jurisdiction and timeframes.

In this instance [redacted] made a joint press release fifteen hours after the escape. Subsequently, the Minister called for a review of the public notification process. [redacted] The EIT is of the opinion that in order to achieve the requirement of one hour media notification, a press release would have to be issued by the facility from which the escape occurred.

- *Although the reporting relationship outlined in the Divisional Directive was not followed, the RPCC response time with respect to reporting was in accordance with Divisional Directive Security – 0012.*
- *Although the RPS was contacted before the Police Service of jurisdiction, the RCMP were informed of the escape within appropriate time frames.*
- *Staff at Central Office had a difficult time reporting the escape to their superiors which caused a delay.*
- *There is no established protocol with respect to the release of information to the media regarding emergency situations.*
- *Corrections Branch has determined that the fifteen hour delay of a media release concerning the escape is excessive.*
- *The Deputy Minister has directed that the media be informed of escapes within one hour of the occurrence.*
- *Central Office does not have a formal Crisis Information and Support Centre.*

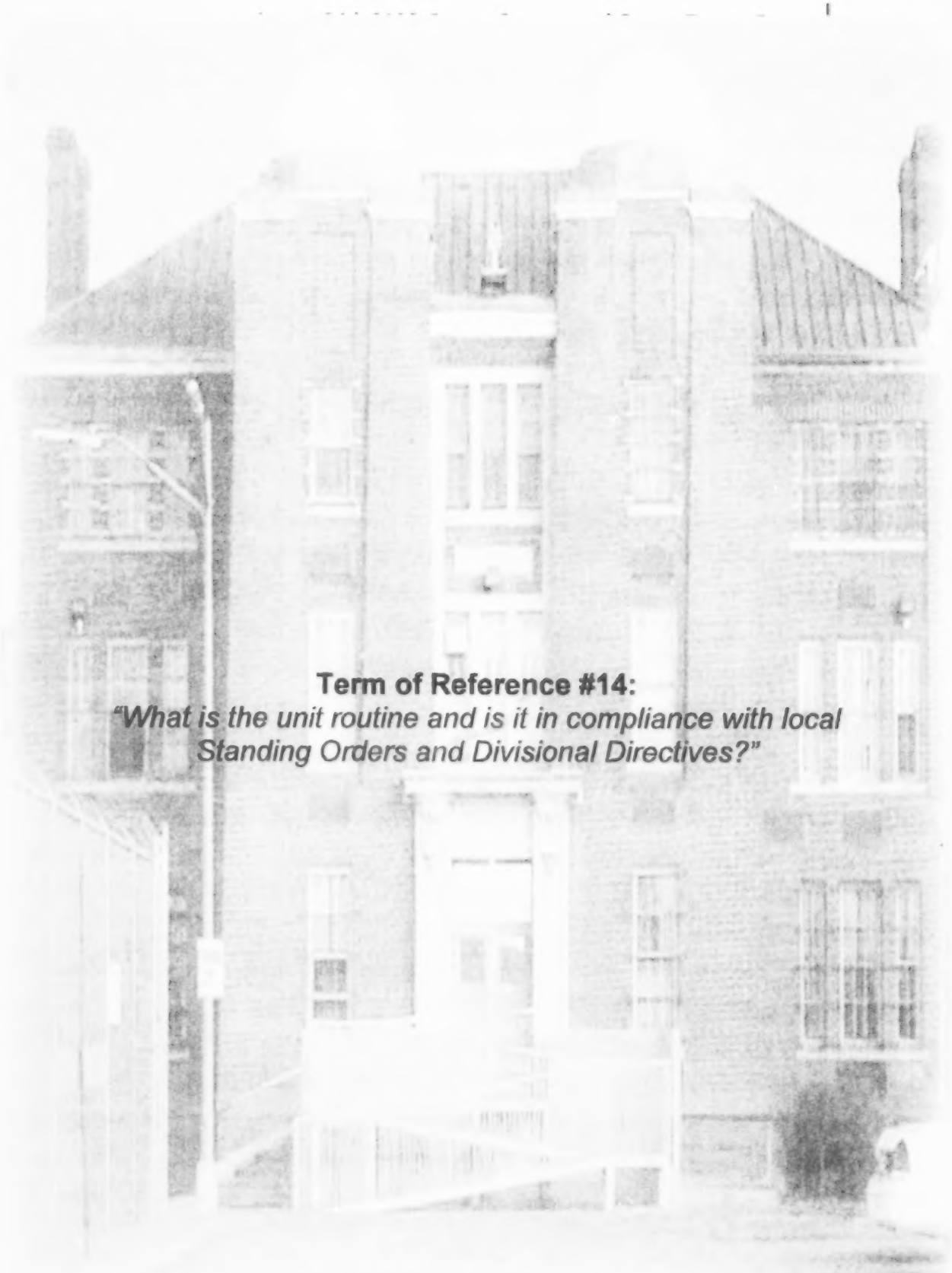
Recommendation #5:

That a Central Office Crisis Information and Support Center be activated for major emergency situations.

Recommendation #23

The facility from which the escape occurred be responsible for the initial press release.

Compliance issues are being addressed throughout this document and as such, will not be further or repetitively addressed within this term.



Term of Reference #14:

"What is the unit routine and is it in compliance with local Standing Orders and Divisional Directives?"

[redacted]

Historically, Unit 3A was designated as a population unit that housed low security sentenced inmates. Under this program the inmates have unit freedom and are not normally confined to their cells unless for disciplinary reasons. Inmates are expected to act responsibly and involve themselves in work, education and training opportunities offered by the facility. The majority of inmates function satisfactorily under this type of program and would remain on the unit for the duration of their sentence. In instances where inmate behaviour is not acceptable, the inmate may be subject to a security review. If the security review dictates, the inmate would be moved to a higher security level with increased restrictions and less privileges.

On October 12th, 2007 Unit 3A was converted to a remand unit in order that gang members associated with the [redacted] could be separately housed. At the RPCC, remand inmates are not involved in programming but are granted unit freedom during the day and afternoon time periods. Essentially, the inmates spend the majority of their time on the unit with the exception of outside exercise, visiting and court. For all intents and purposes Unit 3A operated the same as other remand areas in the facility with the difference of housing [redacted] members.

On July 15th, 2008 the Unit 3A remand program was changed to a secure program where inmates spend the majority of time in their cells as opposed to the remand program initially implemented. The change of program was due to negative behaviour displayed by certain inmates, a failure to follow the unit program and the finding of contraband items during a search completed on July 9th, 2008 which precipitated a unit lock down.

On August 6th, 2008 Unit 3A was further reviewed and a decision was made to allow one half of the inmates out of their cells during the day and the other half out of their cells for the afternoon periods on a rotational basis. For lack of a better word, this arrangement was referred to as the 50% program and was in place at the time of the escape. The intention was to have smaller numbers of inmates on the corridor at any given time potentially reducing incidents of negative behaviour. Under this program, incidents of negative behaviour

continued, and the unit was frequently locked down for disciplinary reasons such as fighting or failure to follow the unit rules and procedures. In some situations, the entire unit was confined pending investigation into the actions of one or two inmates. The EIT could not find a Divisional Directive or Standing Order that would allow for a 50% confinement without the support of disciplinary offences.

General segregation versus individual segregation is a regular practice in Unit 3A and throughout the facility. This practice is not in compliance with Legislation, Divisional Directives and the principal of "least restrictive measures". During the course of the investigation the EIT found incidents where Corrections Workers randomly confined inmate(s) on their own initiative without prior consultation and/or authorization with the ADD.

The unit routine calls for hourly checks to ensure that safety and security requirements are achieved. Also, at designated times during the day formal inmate counts are completed whereby the inmates are required to stand by their cell doors and be accounted for. (Stand to Count). Contrary to Standing Orders, the EIT was advised by staff that "stand to" counts are not completed on Unit 3A.

The Unit 3A Log Book reflected that staff did complete entries indicating that they had conducted the required hourly checks on August 24th, 2008. Although a review of the unit Log Book indicates that unit checks were completed on an hourly basis, other sources confirm that hourly checks are not completed as required by policy in all areas of the facility including Unit 3A. [redacted] The EIT interviews revealed that inappropriate notations are a frequent occurrence at the RPCC. A review of unit Logs also indicates that the [redacted] regularly reviews the Logs and signs off that review. There is however, no mechanism for the [redacted] to assess or ensure the integrity of the entries.

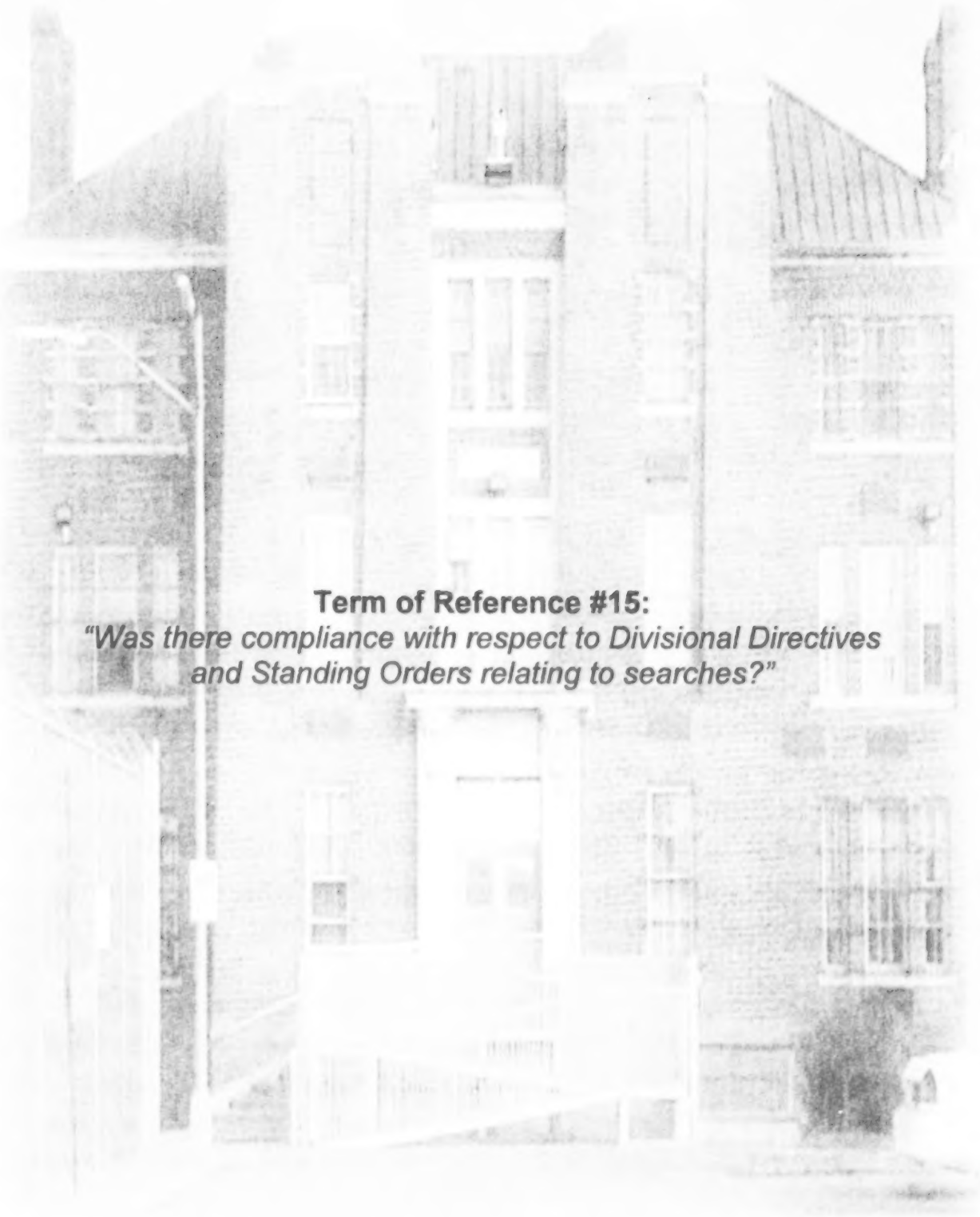
- *Segregation and partial segregation of inmates on Unit 3A is not in compliance with Legislation.*
- *Formal counts are not completed according to Standing Orders, and Unit (hourly) checks are not completed on a consistent basis throughout the facility.*

Recommendation #6:

An expert policy analyst be employed to conduct a review of the segregation and confinement policies and practices at the RPCC.

Recommendation #17:

A computerized accountability system be installed at RPCC to monitor and record staff unit inspection and checks.



Term of Reference #15:

"Was there compliance with respect to Divisional Directives and Standing Orders relating to searches?"

LEGISLATION AND POLICY:

Section 56 of Corrections Act provides authority to "conduct a search for contraband of any correctional facility or any part of a correctional facility". "Any person who seizes contraband or evidence during a search or as a result of a urinalysis shall as soon as practical, submit a report in the prescribed manner to the director or the administrator".

The regulations on searches speak to the *searching of persons* and are silent on the *manner in which searches of facilities are to be performed*. Divisional Directive 0004 provides direction on the strip searching of visitors however there is no Divisional Directive that provides direction with respect to searching of inmates or correctional facilities.

RPCC Standing Order Section 455 - Searching Inmates and Visitors also provides direction in searching Areas, Units, Cells, and Vehicles. Paragraph 4.3 directs that a unit/corridor search will be conducted under the authority of the Team Leader or A.D.D. and is required to be noted in the Unit Log Book and entered into the Incident Report Log on CMIS. Although the Unit Log Book references a search that was completed on July 16th, 2008, there is no information in the Unit Log Book with respect to the search that occurred on July 09th, 2008. The Regina Correctional Centre does however have a Search Log Document that notes that searches were done on both July 09th and July 16th, 2008. This Log identifies who the A.D.D. was on shift and a list of items that were found. Appendix B of Standing Order 432 was completed in both instances. This document provides more complete details surrounding the conduct of these two searches. Subsequently, actual search reports from individual staff were found by the Investigation Team on CMIS.

- *There is a lack of Regulation and Directives designed to ensure searches are done in a diligent yet lawful manner.*
- *The manner in which the two searches were documented was not entirely in accordance with local policy in that Log Books weren't completed.*
- *Staff was compliant in placing individual search reports on CMIS.*

Recommendation #3:

An expert policy analyst be employed to conduct a comprehensive review of Regulatory documents and Divisional Directives to ensure that they provide adequate direction to the searching of facilities and inmates.

CONTRABAND CONTROL:

Section 56 of the Corrections Act provides authority to seize contraband. However, the associated Regulations do not provide procedures on the seizure of contraband. There is no Divisional Directive that will operationalize the intent of the legislation.

RPCC Standing Order 455A – Contraband Control provides direction to staff on controlling and maintaining the integrity of any contraband seized. Paragraph 2 "Articles for presentation at Discipline Panels" states that: "articles of this nature will be bagged and tagged as outlined in Section D (1). The bag and any documentation will be forwarded to the A.D.D."

The EIT found no information relating to what Section D (1) refers to nor could Management at the RPCC confirm the meaning of this reference. It does however imply that such contraband seized is to be maintained to a certain standard. The EIT is of the opinion that this standard is to a preservation level consistent with that identified in paragraph 1 of Standing Order 455(A) relating to criminal charges.

The reports on CMIS reflected that staff had bagged and tagged contraband in accordance with the relevant Standing Order however, the EIT viewed evidence seized during the search and found that continuity and preservation of evidence was not consistent with local policy.

- *There is a lack of Regulation and Directives with respect to the seizing and control of contraband.*
- *Staff were negligent in following Standing Orders with respect to contraband control.*

Recommendation #3:

An expert policy analyst be employed to conduct a comprehensive review of Regulatory Documents and Divisional Directives to ensure that they provide adequate direction to the facilities.

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.

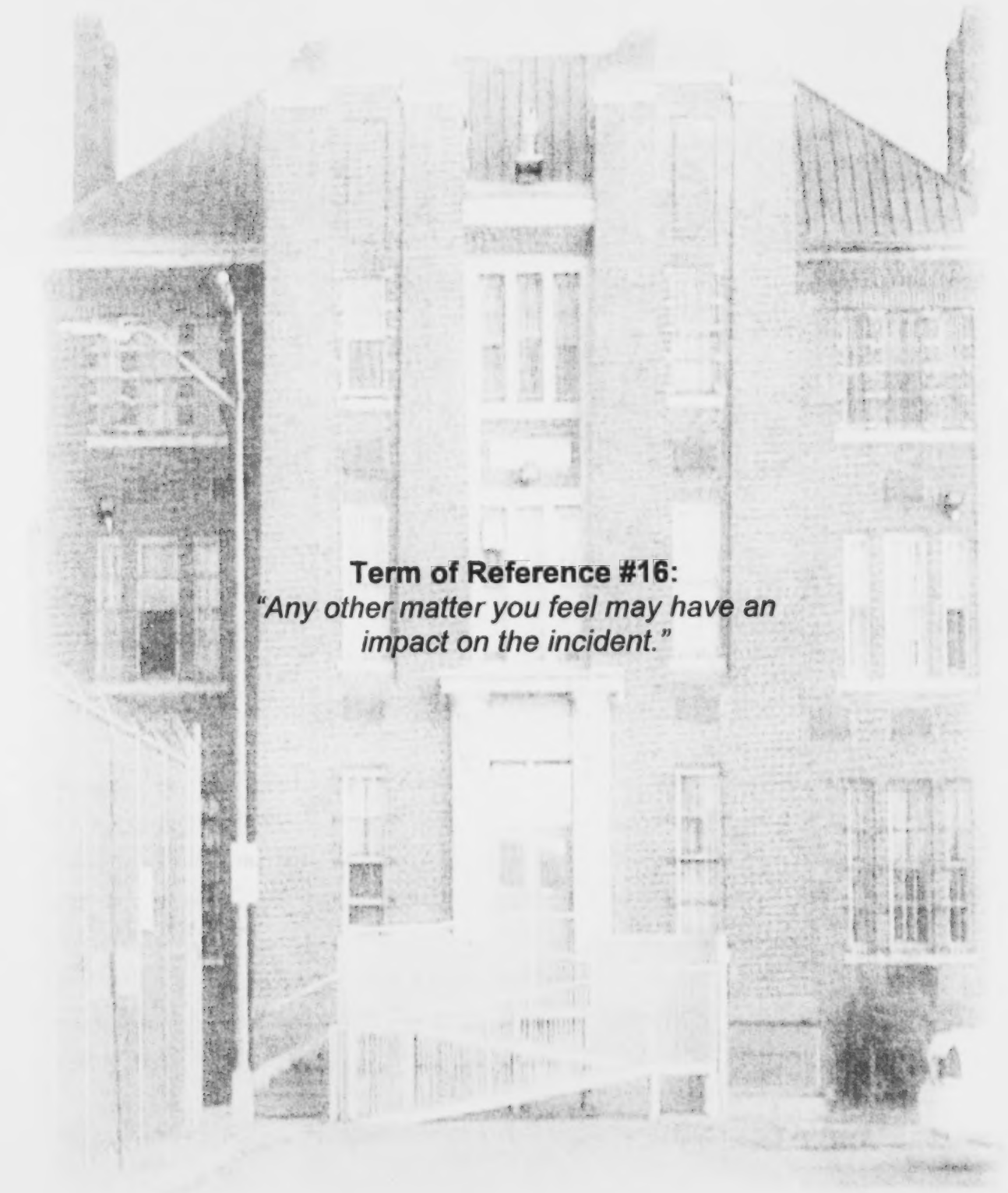
CELL INSPECTIONS, INVENTORY, SANITATION:

Items had been removed by inmates from cells and the corridor over a period of time prior to the escape. The time frame when certain items went missing could not be ascertained. Examples of missing items include: a piece of the broom handle, tiles off the wall, utensil holders and steel towel bars. Each of these missing items had some role to play in the eventual escape. The proliferation of weapons found during searches generated significant concern by staff for their personal safety. Inventories of all items that are in cells prior to occupancy are not documented and policy is not in place to ensure that this inventory is appropriately maintained.

Consultation with a Corrections Worker reflected that certain cells and their fixtures are in a state of disrepair and inmates can easily remove items and fashion weapons out of them. This staff member felt that it would be advantageous to have a maintenance officer participate in searches in order to ensure furniture and fixtures functioned as they were intended.

[redacted]

• *There is currently no process in place for inventory control of cell and corridor furniture and fixtures.* • *Cells are not regularly inspected and cleaned prior to new occupancy.*	Recommendation #7: A cell and fixture inventory be compiled and evaluated in conjunction with cell searches and new cell assignments



Term of Reference #16:
"Any other matter you feel may have an impact on the incident."

There are several other matters which the EIT believes contributed to the escape of August 24th, 2008 which are not captured under one of the defined terms of reference. This section is dedicated to addressing these issues.

- Legislation and Policy
- Staff/Offender interaction
- Intelligence: Gathering, Pursuing and Sharing
- Union/Management relationships
- Corrections Workers acting as Managers
- Management by walking around
- Distractions
- Overall Supervision of Unit 3A
- Staff training
- Rumours
- Gang dynamic
- Remand vs. Sentenced
- Mission Statement, Code of Conduct and Attitudes
- Adherence to Rules, Regulations, and Standing Orders
- Organizational Culture
- Specialization

PREAMBLE:

The EIT accepts that an inmate or a group of inmates can deceive a Corrections Worker on a particular shift; but cannot accept that an entire corridor of inmates can deceive at least eighty-seven different Corrections Workers between April 24th and August 24th, 2008 and engineer an escape of this magnitude.

Corrections Worker response to this significant event is that Management has not listened or responded to their concerns with respect to inappropriate behaviour on the part of inmates, frequency of searches, camera deficiencies, and requests to place these particular inmates on "lock-up". Management disagrees with the staff allegations but appeared reluctant to share with the EIT their underlying concerns that poor staff performance contributed to this escape.

It took more than 40 staff interviews before anyone acknowledged that staff should have interviewed the inmates about their activities and other concerns on the unit. This should have been done when the initial intelligence about the potential of an escape was received as early as June 26th, 2008.

The immediate reaction by the [redacted] in response to the information that was received on July 3rd, 2008 was to alert the Corrections Workers assigned to the unit. Subsequently, they locked the unit down, entered information of a potential escape into CMIS and the Unit 3A Log Book. It wasn't until six days later (July 09th) that a search of Unit 3A was initiated. On July 16th, 2008, another search was conducted.

It is evident that for a significant period of time, possibly up to four months, and at least back to July 3rd, there was intelligence about an escape from that unit. At no time during the course of the EIT's questioning, did anyone recognize a failure to track down the sources of the intelligence.

It was obvious that there was a desire on the part of staff to place high importance on static security measures and low importance on dynamic security measures. The failure or inability on the part of Corrections Workers to gather intelligence over the course of four months has caused the EIT to investigate the nature of staff/inmate interaction specifically within the remand areas. This forced the EIT to delve into areas involving culture and compliance that are of significant concern.

LEGISLATION AND POLICY:

It is evident that the majority of staff at the RPCC have a lack of understanding of the relevance of the Charter of Rights and Freedoms and the rule of law as it applies to Provincial Corrections. A wider knowledge of the Corrections Act and Regulations would be beneficial to those on the front lines. The same consideration should be given to training staff in the relevance and application of policies created in support of the legislation.

The EIT, because of a lack of specifics in legislation relating to the management of remand offenders, can only assume that the intent of the legislation is that they (remand offenders) be managed in a fashion similar to that of sentenced inmates. This is not how it has evolved at the front line level at the RPCC. There has been a whole host of standing orders, rules, and regulations developed uniquely for remand offenders that may or may not be supported by directive and/or legislation. A comment made to the EIT indicated that there were times when you have to *"ignore policy and let common sense dictate activities"*. Central Office has failed to ensure that the practice in the field on remand is consistent with legislation and directive. Conversely, if it is the intention that remand inmates be managed differently, then legislation and directive must be developed to support the practice.

- *There is a general lack of knowledge and understanding concerning the significance and the impact of the Charter of Rights and Freedoms as it applies to Corrections Branch.*
- *Staff do not have an appreciable understanding of how policies must be developed pursuant to legislation.*

Recommendation #11:

A constitutional expert be employed to develop a "Corrections Branch and the Law" course similar to the "CSC and the Law" course developed for federal correction's workers and delivered to all provincial correction's employees.

Recommendation #13:

Refresher training be provided to staff in all areas of deficiency identified in this report.

STAFF/OFFENDER INTERACTION:

The EIT has determined that remand inmates are in fact treated differently than sentenced inmates. They are not eligible to participate in programs and have limited involvement or access to meaningful activities. The majority of RPCC Management and staff have stated that: "*case work is not required for remand inmates*".

There are a number of Corrections Workers that don't want to interact with inmates and have migrated to the remand side of the facility and the nightshift. Position descriptions and pay levels of all Corrections Workers have been adjusted to reflect a case management component. Core correctional practices are predicated on a premise that significant staff/inmate interaction is conducive to a safe and secure environment. A high standard of staff/inmate interaction fosters the development of relationships that facilitate the sharing of information and the gathering of intelligence that could have assisted in the discovery of the activities of the inmates on Unit 3A. In order for a positive working relationship to exist there is a requirement of mutual respect and understanding. As a staff member one can despise the crimes alleged to have been committed by inmates however it is expected that they be treated humanely and with dignity. It is not the place for Corrections Workers to judge the offender and therefore treat the offender in a manner that is not consistent with the Ministry's Mission.

- *Remand inmates are treated differently than sentenced inmates at the RPCC.*
- *Corrections Workers are negligent in performing the full scope of their duties with respect to remand inmates.*

Recommendation #3:

An expert policy analyst be employed to conduct a comprehensive review of Regulatory Documents and Divisional Directives to ensure that they provide adequate direction to the facilities.

Recommendation #19:

Remand inmates should be managed in the same fashion as sentenced inmates.

INTELLIGENCE: GATHERING, PURSUING AND SHARING:

There was significant staff failure around the whole area of intelligence gathering and pursuit. Inadequate follow up on at least two sources of intelligence resulted in a failure to substantiate and validate the intelligence received in June and July 2008. Had such occurred, more concrete and direct information on inmate activities on Unit 3A would have been uncovered.

The relationship between staff and inmates in the remand and segregation areas of the RPCC and specifically Unit 3A is not conducive to the development of a rapport that would facilitate gathering of intelligence from inmate sources. The EIT found no evidence that any effort was made to attempt to gather intelligence from inmates on 3A in regards to the planning of the escape. No effort was made to interview and or question every inmate on 3A with respect to the intelligence received on July 3rd. 2008.

There are a number of staff at the RPCC who indicated they had no direct knowledge of any planned escape from Unit 3A even though it was placed on the unit Log, the CMIS system and shared to some extent through the email system. It was expressed by Corrections Workers critical information would be enhanced through pre-shift briefings. Pre-shift briefings were discontinued years previously.

There is no structured mechanism for compiling and cataloguing intelligence and inmate activities that would assist the facility in analysing intelligence and thereby mitigating inmate's success in achieving their goal, be it riot, hostage taking or escape.

- *There was a serious failure to follow intelligence that was available several weeks prior to this incident.*
- *The RPCC did not undertake a coordinated pursuit through inmate interviews to gain information related to the escape.*
- *The mechanism for compiling, cataloguing and analyzing inmate's activities and intelligence is inadequate.*

Recommendation #1:

A process for compiling and analysing intelligence be implemented at the RPCC. This will require a support position for the SIO and an analyst at Central Office.

UNION/MANAGEMENT RELATIONS:

The relationship between Management at the RPCC and the Saskatchewan Government Employees Union (SGEU) Union Shop Stewards is abysmal to say the least. It appears that there is a long history of controversial and adversarial interaction between these two groups. The EIT was told by staff at all levels of the organization that this adversarial interaction was in the past exacerbated by the fact that the Union representatives were allowed, by Divisional Directive, to consult with the Minister of Corrections over issues that could not be resolved at the local level. The Union took full advantage of this and the EIT was informed by both Union membership and Management, that Management became frustrated by their inability to effectively address issues of non-compliance.

The Union is of the opinion that Management does not listen to them when they present "legitimate" concerns. It is apparent that the Union is very protective of employee "benefits" and is for the most part resistant against any suggestions that Management may put forth with respect to the department's desire to shift direction in accordance with contemporary Correction's philosophy.

The EIT is concerned with the working environment at the RPCC. There is evidence on a Union managed bulletin board located in the main entrance of the RPCC that is harassing in nature and contributes significantly to anti-management sentiment. There is a limited opinion within the RPCC that current labour/management relationships are improving however, the EIT does not find such evidence.

It appears the bulk of the information that the Corrections Worker functions under is based not on fact, but on rumour and innuendo. It became apparent that the Union did little to suppress these rumours and in fact participated in the promulgation of them. This has contributed to an environment of low morale, fear, and complacency. This concern will be elaborated on further on in the report.

- *The influence of the SGEU within the RPCC has limited Management's ability to manage.*

CORRECTIONS WORKERS ACTING AS MANAGERS:

Only two out of five ADD's are in permanent positions while the balance are in an acting capacity. Three Team Leaders out of seven are in permanent positions, the balance are also in an acting capacity. This level of experience and lack of confirmation at the supervisory level is totally inadequate in ensuring the facility's corporate direction is carried out during normal circumstances let alone in the event of a serious incident. There are, in most circumstances, no out of scope Managers onsite for at least two thirds of the 24 hour period during the week and for the entire 24 hour period on weekends. It should be noted that for the most part, A/ADDs are Correctional Worker 1's who have the most seniority and are not necessarily the most qualified. A policy of this nature does not ensure that Ministry direction is understood or effected in an optimum fashion.

[redacted] Considering the strength of the solidarity environment in place at the RPCC, the capacity of acting supervisory staff to address issues of negligence and counter-productivity is extremely difficult. In-scope staff placed in acting supervisory positions are extremely reluctant to document negligence and poor performance on the part of their peers. Examples of peer pressure included reports of slashed tires in the parking lot, a plastic "rat" hanging in the window of a control center and neglecting to put critical information involving the covering of the camera into reports.

The hierarchy or rank structure in place within Provincial Corrections limits the Correctional Service's ability to ensure accountability in the job performance of people who are basically their peers. Discipline or perhaps a lack of discipline was identified by both staff and Managers as an impediment to ensuring accountability with respect to staff performance. It was the

opinion of Managers and staff both at Central Office and the Facility that this concern has diminished with the change of government and that the Department now has a higher level of support in their efforts to address disciplinary issues.

- *There is a clear lack of authority between Supervisory staff and Corrections Workers.*
- *There are too many acting assignments and insufficient separation between union membership and supervisory responsibility.*

Recommendation #8:

The Assistant Deputy Director positions must be out of scope management positions.

Recommendation #9:

Management presence be increased outside normal working hours to include two out of scope managers.

MANAGEMENT BY WALKING AROUND:

The EIT has concerns that the facility is **under managed** particularly on evenings and weekends. The Manager on site during those times devotes the bulk of time filling vacant security posts and dealing with office related issues. The Senior Managers, have insufficient time at their disposal on a regular basis to attend critical areas of the facility. This is especially evident in remand, segregation and health care locations. Attending critical areas is necessary in order for Managers to "keep their fingers on the pulse" of those most difficult areas to manage. The best way to effectively manage a correctional facility is through the principal of "Management by Walking Around." A process must be put in place to ensure Directors and their senior staff attend the aforementioned areas and dialogue with both staff and inmates.

The Inmate Committee indicated that they have rarely met with anyone from Management at the RPCC in an effort to address and resolve issues of concern.

Without a significant increase in Management presence the majority of the recommendations within this report will be impossible to implement.

- *There is an insufficient Management presence within the facility on evenings and weekends.*
- *Senior Management does not frequent critical areas of the facility on a regular basis.*
- *The Inmate Committee has rarely met with anyone from Management.*

Recommendation #9:

Management presence be increased outside normal working hours to include two out of scope managers

Recommendation #12:

Senior Managers be held accountable for attending critical areas of the facility on a regular basis.

DISTRACTIONS:

In order to assist staff in their ability to monitor inmate behaviour, Provincial Corrections has placed cameras on the units and other critical areas within the facility. Monitors for those cameras have been placed in the adjoining offices and control posts. There are many legitimate distractions that impede staff's ability to give these monitors undivided attention however, the Department has provided staff with internet access which staff utilize extensively for activities unrelated to Correctional purposes. The EIT also noticed numerous supplies of newspapers and other recreational reading materials on control posts and offices throughout the facility which take away from staff's opportunity to engage inmates in meaningful dialogue and monitor inmate behaviour. Management has for the most part turned a blind eye to such activity.

• *There is limited Correctional value to having the internet and newspapers in control posts and offices as such items limit staff's ability to perform Corrections related duties.*	Recommendation #10: Distractions such as the internet and recreational reading material be removed from unit offices and control posts.

OVERALL SUPERVISION OF UNIT 3A:

The fact that inmates were able to plan and excavate a hole in the exterior wall of Unit 3A over a period of four months is a strong indication that the general supervision of the area was ineffective.

Inmate sources informed the EIT that in May, 2008 the door to the maintenance tunnel between Units 3A and B was left unlocked for a period of two days. Inmates accessed this tunnel at will and climbed the ladder to the roof of the unit planning to escape following the scheduled 20:30 hour count. The inmates who planned on escaping at this time, waited for the

count to occur but the officer never completed the count as required and they lost their opportunity. They were locked up at the scheduled time and the door was locked by maintenance the following day. Subsequently, the inmates attempted to access the tunnel through the cleaning room which proved to be unsuccessful.

During their time in the tunnel, the inmates secured saw blades and pieces of scrap metal, left by maintenance, which assisted them with the escape on August 24th. This is another indication of ineffective unit supervision.

On the evening of August 24th, 2008, according to the Log Book entry, the assigned Corrections Worker completed the 20:30 hour count. This for the inmates was the indication that they had some uninterrupted time to complete their escape. As previously identified, 65 minutes had elapsed before the police informed the RPCC that something may be happening on Unit 3A. EIT interviews [redacted] In any event, the officers assigned to Unit 3A and B neglected to observe any inappropriate behaviour either on the monitor or by actually attending the unit over the 65 minute period following the 20:30 count.

- *The overall supervision of Unit 3A had been ineffective for an extended period of time.*
- *Corrections Workers assigned to Unit 3A neglected to discover that inmates were escaping on the evening of August 24th, 2008.*

STAFF TRAINING:

Staff indicated they had received little or no refresher training subsequent to the initial Core Training Program (CTP). Although report writing has been discussed in another section, the incapacity of Corrections Workers to write thorough reports and submit them through approved systems was certainly reflected in the reports reviewed by the EIT. Training in this area is critical.

On the part of some staff, there is an apparent unwillingness, an inability for a variety of reasons, or mistrust in the use of the Corrections Management Information System (CMIS). Training or at least refresher training in this area is essential.

Training on Correctional issues such as searching, frisking, preservation of evidence, and inmate movement control taught at the CTP requires refresher training as well. Consultation [redacted] reflected that refresher training in some areas would be beneficial for staff in the performance of their daily duties. The [redacted] indicated [redacted] was in the process of developing a record that would more accurately reflect the status of staff training for employees.

Training standards for Emergency Response Teams (ERT) is for the most part maintained. Also, Managers have recently been trained in Crisis Management and certain other Management type courses.

The [redacted] indicated that [redacted] has not had any formal training [redacted] had however, met with other [redacted] and participated in a couple of seminars.

With respect to mandatory training, where there is a recertification component, such as CPR/First Aid, there is evidence that such training is on-going. It is noted however, that there are cases where for certain employees, this certification has expired.

The EIT was informed that there are huge demands on training dollars. Although RPCC is spending more on training than ever, there continues to be serious deficiencies, including mandatory training and training designed to address performance deficiencies. We were informed that over time costs and actual training costs impede RPCC's ability to meet requisite training needs.

• *Throughout the investigation it was found that deficiencies in performance were often as a result of a lack of adequate training.* • *Funding allocated in the training budget has not kept pace with the demand.*	Recommendation #13: Refresher training be provided to staff in all areas of deficiency identified in this report.

RUMOURS:

If the Corrections Workers that the External Investigating Team came in contact with at the facility are a representative sample of all Corrections Workers at the RPCC then, rumours and rumour management are extremely serious problems. The EIT found it difficult to filter out what was factual information and what was rumour or fabrication which had been perceived as fact. The EIT realized that they had no choice but to doggedly pursue every piece of information in order to assess its validity only to find that in many cases, the information was inaccurate. It is apparent that the majority of RPCC Corrections Workers function on a foundation of unfounded rumours and outright fabrications rather than on factual information. In some cases, Corrections Workers have documented information that is in fact incorrect.

- *Rumours at the RPCC have become reality in the minds of many Corrections Workers.*

THE GANG DYNAMIC:

Gangs have become a serious Management issue at Provincial Corrections facilities. Inmates arriving at the RPCC identified as gang members or associates are subjected to a process of generalized segregation as opposed to individualized segregation for cause, punitive or protective reasons. This strategy is contrary to the duty to act fairly; it may in fact be in some instances against the Charter of Rights and Freedoms and the "principal of least restrictive measures". Citizens are sent to prison as punishment, not for punishment.

Generalized segregation and non-productive time tends to create solidarity amongst those subjected to it and increases their level of anger towards staff. The gang management strategy in remand at RPCC has for the most part been reactive in nature primarily involving non association, transfers, strict movement control and high levels of confinement. There is very little evidence of activity designed to proactively minimize individual and group participation in the violence and criminal activity associated with Aboriginal gangs.

Consultation with Elders and persons knowledgeable with such activities reflects that removing incorrigible gang leaders from the environment and involving others in spiritual and cultural activities in a consistent and traditional manner would go a long way in reducing the negative influence of gang involvement. The EIT was advised by the elder and inmates that inmate requests to meet with the elders are not forwarded as expected. Policy allows for the elders to have direct contact with the inmates on the units. Despite this, the elders' access to the units has been routinely denied by unit staff.

- *The gang management strategy in remand at the RPCC is reactive in nature.*
- *There is non-compliance with policy regarding inmates' access to elders.*
- *Efforts to implement cultural and traditional strategies designed to reduce the negative influence of Aboriginal gangs is minimal.*

Recommendation #20:

RPCC contract influential Aboriginal leaders and elders from the community to assist them in reducing violence and criminal activity perpetrated by gang members.

REMAND VS. SENTENCED PROGRAMMING:

The statement "***Idle hands are the devil's tools***" has strong application at the RPCC in the remand and segregated areas. A snap shot on August 31st, 2008, reflects that the RPCC has 42 percent of its population on remand status. There is currently no meaningful activity afforded to inmates on remand therefore, this large segment of the population has nothing to do and are in fact doing "dead time". When people have large blocks of time on their hands with nothing constructive to do, they tend to gravitate to doing whatever they can get away with. In this instance, it was making weapons, and digging their way out of the facility.

The operational program for remand inmates must be consistent with Divisional Directive 0043 on Integrated Case Management. Corrections Workers must be involved in certain rehabilitative measures for inmates on their caseload. Currently this is not the case. During the course of this investigation, the EIT interviewed numerous remand and former remand inmates. These inmates expressed a strong desire to be involved in meaningful activities and especially cultural related activities.

Corrections is for the most part based on the rule of law, a duty to act fairly, the administration of rights and privileges and a system of punishments and rewards designed to control

individual and group behaviour. For remand inmates at the RPCC, especially where gang association is evident, the operational philosophy is started from a base of confinement, restriction of rights and privileges and little opportunity to progress beyond that base. Rights are not to be tampered with, however, the granting and removal of privileges is a valuable tool that can be utilized to motivate inmates towards pro-social behaviours. Unfortunately, if they have no privileges to start with, this tool is virtually useless for behaviour modification purposes. The behaviour of a few can impact negatively on the rights and privileges of many.

• *There are no meaningful or constructive activities for inmates on remand that will motivate them towards socially acceptable behaviours while they are awaiting trial.*	Recommendation #19: Remand inmates must be managed in the same fashion as sentenced inmates.

MISSION STATEMENT, CODE OF CONDUCT AND ATTITUDES:

An environment exists in the remand and segregation portions of the RPCC that is extremely foreign to what the investigators found outlined in the Provincial Correctional Service's Mission Statement, Vision, and Mandate:

Mission - *In cooperation with its partners and stakeholders, reoffending is reduced through effective community supervision, custody, and rehabilitative services.*

Vision - *Promote safe communities by strengthening offender's ability to live, work, and contribute in their communities.*

Mandate - *Provision of Correctional Services as established in the Correctional Services Administration, Discipline, & Security Regulations.*

The Key challenges associated with this Mission document include:

- *"Create an environment reflective of vision, mission and mandate"*
- *"Develop and maintain an accountability framework"*
- *"Maintain an integrated case management process"*
- *"Implement best practices"*
- *"Strengthen interdepartmental, interagency and community collaboration"*
- *"Strengthen culturally appropriate corrections services"*
- *"Develop and implement a labour relations strategy"*
- *"Increase management capacity"*

These key challenges continue to be extremely relevant within the facility. They have however not been implemented to any extent as far as remand inmates are concerned.

Codes of conduct are policies that employees are expected to base their daily performance on. The RPCC has many dedicated employees however, as in any organization; there are a small number of employees that will continually challenge the organization's mission, mandate and values. Employees of this nature are a bad influence and negatively affect the manner in which the organization performs. Issues of employee harassment and making public and media comments, are in contravention of Divisional Directive 0002 Staff Duty of Loyalty/Fidelity to the Employer and 0009 Standards of conduct for Corrections staff.

Information known only by the staff at the RPCC became public knowledge and given in some way to members of the public and or press. [redacted]

ADHERENCE TO RULES, REGULATIONS, AND STANDING ORDERS:

There are a whole host of areas where there has been an avoidance of following rules and regulations that are in place to support the good order and operation of the facility. Examples include: the wearing of name tags, dress and deportment, completing casework, entering mandatory information on CMIS, and the duty to act fairly. The lack of compliance with dress codes can be seen [redacted]

Kevin Gilmartin, in his book ***Emotional Survival in Law Enforcement*** describes the progression in which some employees begin to rationalize poor behaviour or decision making. The first step are "Acts of Omission" where an employee who feels victimized by the system will justify themselves in behaviours they would not normally engage in. They do enough to "get by" and omit activities such as cell checks and Log Book entries. Acts of omission rarely face scrutiny from peers who are feeling the same and who assist in the rationalization process. Soon omission progresses to "Commission of Acts" where staff not only omit duties but commit administrative violations. To them they seem inconsequential and stand in the way of "how it should be done". This includes lying for another co-worker, carrying unauthorized equipment, and not reporting incidents. An initially honest and motivated worker can be reduced to this level and rationalize it as "looking out for their co-worker" because no one else will. The next step is logical in that offences of a criminal nature may occur.

There is no approved performance evaluation system in place that gives Managers and Supervisors an opportunity to assess and address employee performance in meeting the goals and expectations of the RPCC and to provide a check and balance system against good or poor performance.

The RPCC can no longer accept that: "That's just the way it is", and must aggressively seek out employees who blatantly perform in a manner contrary to the Ministry's Mission and Code of Conduct and remove them from their position at the RPCC.

- *There are instances where staff fail to comply with Divisional Directives and Standing Orders.*
- *There are policies in place with respect to staff conduct and performance. Certain staff choose to disregard such policies and in some cases undermine Management's efforts to ensure compliance with these policies.*
- *There is no formal performance evaluation process in place for assessing and addressing staff performance.*

Recommendation #21:

A formal annual employee performance review process be implemented for all staff.

ORGANIZATIONAL CULTURE

Throughout this report the organizational culture has been depicted as counterproductive. It is appropriate for the EIT to summarize their overall perceptions of an environment at the RPCC that contributed to the escape. Systemic mistrust, complacency, blaming, intimidation and disrespect, are all words we used, to describe a culture that is for the most part Union driven and detrimental to an effective correctional environment.

An ineffective correctional environment enables Corrections Workers to restrict inmate movement and confine inmates arbitrarily. Consequently there is no expectation for Corrections Workers to engage and dialogue with offenders on an ongoing basis. Meaningful interaction involving Corrections Workers and inmates is critical to a safe and secure work place and the effective sharing of information.

Issues of insufficient Management presence, confrontational Union/Management relations, and a failure by Management to attend critical areas of the facility all speak to an organizational

culture in which Management has in some part, lost its will and ability to supervise and manage. The organizational structure reflects no clear lines of authority. Frequently, an in scope acting CW1 is responsible long term, for the supervision of an entire shift of CW1s and CW2s. Structurally this is not good management practice and must be corrected without undue delay. Out of scope Management presence at the ADD level must be increased on evenings and weekends to ensure staff are held accountable for their everyday work performance.

Central Office was aware of specific cultural and operational issues and failed to take appropriate action or address compliance issues at the RPCC in a timely manner. This lack of attention contributed to an environment where processes and policies evolved which are not conducive to sound or proven correctional practices. Having stated this failure, the EIT recognizes that organizationally, Central Office is understaffed in support services, policy development and promulgation as well as in performance assurance.



SPECIALIZATION WITHIN SASKATCHEWAN PROVINCIAL CORRECTIONS:

Throughout the course of the Investigation, the members of the External Investigation Team debated the merits of "specialization" in certain areas within Saskatchewan Provincial Corrections. Although outside of the Team's mandate, we thought it was important enough to be included in this report.

Search Teams:

The pros and cons of specialized search teams were discussed at length however the viability of such teams was not agreed on by all members of the EIT.

One point of view is that specialized search teams would be more focused to the task. Team members would receive additional training in contraband recognition as well as the handling and the preservation of evidence. With constant and repetitive searching techniques it can only be assumed that seizures of unauthorized and/or illicit materials would become more common place. This specialized team would be in addition to and in support of searching endeavours of every Correctional Worker.

Alternatively, searching is a major component and a prime responsibility of all Corrections Workers. A very real concern is that front line staff would default to the "Specialist Team" and would not search at all.

K-9 Team:

The EIT discussed the practicality of multipurpose and/or drug dogs. A multipurpose dog would provide added capacity for building searches, yard and fence patrols, inmate disturbances as well as assisting in the prevention of drug interdiction.

A dedicated drug dog would be a valuable asset in the prevention of drugs entering the Facility through an open visiting program or being thrown over the fences. It could also be used to search the cells, buildings and grounds.

A K-9 Unit would complement a specialized search team.

Internal Investigation Unit:

A team of well trained investigators is another specialization which was discussed by the EIT. Internal Investigations is a task "added on" to those in Management at the Facilities. The knowledge, skills and abilities of these people relating to interviewing techniques, statement taking and preservation of evidence is minimal at best.

It is suggested that an Internal Investigation Unit be attached to Central Office to investigate major events within the Facilities throughout the Province. Assignment to this Team could be for a specified period and on a rotational basis from Institutions throughout the Province. The resultant training and experience would be invaluable for succession planning and for sharing best and worst practices between Institutions.

[redacted]

Bomb threats in the community are a relatively rare phenomenon. However, when one has been received, it is considered very seriously by both the recipient and the police. Their collective actions include, but are not limited to a facility evacuation, a thorough search, and a concerted effort to gather intelligence in an effort to determine not only the source of the threat information but also the validity.

Likewise, in Corrections, escapes, although a constant concern, are a relatively rare phenomena. As such, when intelligence on an escape is received, it must be taken very seriously. In order to mitigate the potential for an escape to occur, three things have to be considered:

1. Physical structures must be such that efforts put forth by desperate inmates will be thwarted by concrete, steel, and technical devices.

2. Systems and processes employed by staff on a daily basis must be consistent with legislation, directive and policies that are in place.

3. The response to the threat must not only include thorough searching and frisking activities but must also include a concerted effort by all staff to track down the source and the validity of the threat.

All three of these factors had a significant role to play in the escape from the Regina Correctional Centre on August 24th, 2008.

William Peet

Dan Wiks

Bob Vogelsang

[redacted]

Were there any pre-incident indicators or extenuating circumstances in relation to this incident and were they acted upon prior to the incident?

- *Corrections Workers searched Unit 3A on July 09th and July 16th 2008 and found a number of weapons and a balaclava.*
- *The [redacted] failed to adequately follow up on two critical pieces of intelligence with respect to a possible escape attempt.*
- *Corrections Workers neglected to dialogue with inmates in an effort to determine the reason for of their inappropriate behaviour.*
- *Management and supervisory staff neglected to direct any activity (ie: searches and inmate interviews) with respect to the intelligence received on June 26/July 8th or July 03rd 2008.*

The adequacy and appropriateness of the staff response at the time of the incident and immediately following confirmation of the missing offenders.

- *There was limited staff coordination in response to the escape.*
- *Staff responded to various locations on their own initiative.*
- *Staff safety was in jeopardy.*
- *There is no Regulatory or Divisional Directive with respect to the Preservation of Evidence.*
- *The RPCC Standing Order provides direction with respect to the preservation of evidence however; this direction was not followed by staff who handled contraband in this particular instance.*
- *[redacted] tampered with the crime scene when [redacted] removed wet toilet paper from the 3A corridor camera.*
- *The RPCC did not follow the Regulation or the Standing Orders with respect to the cross gender strip searching of male inmates.*

- *The inmates that were removed from Unit 3A were left in restraint equipment for an excessive period of time for no apparent or documented reason.*
- *The EIT finds that video-taping was done in accordance with Divisional Directive Security 0001.*
- *There was not compliance with reporting requirements,* [redacted] *with respect to the use of force.*
- *The EIT finds that the reporting of this incident to the Police Service with jurisdiction was within acceptable time frames.*
- *The EIT notes that the Police Service with jurisdiction was not the first Service to be contacted.*
- *The EIT has no issue with respect to the decontamination of inmates that were exposed to organic agents.*
- *There is no Divisional Directive addressing institutional obligations with respect to CISM.*
- *The RPCC failed to provide CISM within recognized standard time frames.*

The adequacy and appropriateness of Management actions and decisions preceding, during, and following the incident.

- *Central Office has failed to ensure that the RPCC has functioned in accordance with legislation and policy that would ensure remanded inmates were managed in accordance with the Mission of the Corrections Branch.*
- *The immediate response in securing the facility subsequent to the discovery of the escape was appropriate and in accordance with policy.*
- *There is no recorded time that the* [redacted] *arrived at the facility.*
- *The* [redacted] *neglected to assume command of the incident when* [redacted] *arrived.*
- *The failure to establish a Command Center and a command structure contributed to a number of incident related deficiencies.*

- *The [redacted] erred when [redacted] vacated the role of [redacted] and filled the role of [redacted] in securing cells.*
- *The failure to assume interim command contributed to immediate confusion and staff deployment deficiencies.*
- *An Incident Command Center was not opened on August 24th 2008 which would have assisted in the coordination of activities associated with the escape.*
- *[redacted] neglected to fulfill duties outlined in contingency plans associated with major incidents.*
- *There is no requirement for, nor is there any formal Central Office Crisis Management Support structure in place.*

The adequacy of staff reports following the incident and Log Book entries related to the supervision of the unit, activity on the unit and/or events of the escape.

- *The CMIS system is antiquated, labour intensive and not user friendly.*
- *A lack of exposure and training for staff on CMIS, has resulted in significant information not being recorded or reviewed appropriately.*
- *Pre-shift briefings were discontinued following the introduction of CMIS.*
- *E-mail is not an appropriate communication tool for sharing operational information.*
- *Word documents for the purpose of distributing information to a broad spectrum of users relating to major incidents or important events are unreliable.*
- *The Log Books are not completed as per Standing Orders therefore are not reliable.*
- *There is no accountability mechanism in place to ensure cell checks are completed by Corrections Workers.*
- *The only evidence of communication regarding the potential of escape was an entry in the Log Book on July 3rd 2008.*
- *None of the above systems are interconnected. A manual review is necessary to bring information together.*
- *Reports generated by Corrections Workers are of poor quality lacking detail and accuracy.*

- *Staff was negligent by failing to document specific details with respect to the escape.*
- *There is a failure to provide adequate response to staff members who submit concerns relating to issues of safety and security.*

The adequacy of information sharing between; Police Services, Security Intelligence Officers and Local Correctional Centre Managers.

- *RCMP and RPS indicates that general communications between police agencies and the RPCC are adequate.*
- *There is a lack of intelligence information sharing between the RPCC and the RCMP.*

Are there any physical infrastructure concerns that contributed to this incident?

- *It is concluded that the physical structure, fencing, lighting and electronic surveillance systems of unit 3 is not sufficient to compensate for staff errors and failings that may allow for high risk inmates to obtain contraband and to go undetected in their efforts to breach that structure.*

The adequacy of staffing levels in the affected areas.

- *Unit 3 was fully staffed at the time of the escape.*
- [redacted] *however; this was not considered to be a contributing factor in respect to escape.*
- *There is an insufficient Management presence at the RPCC after normal working hours.*

The adequacy of response times by all involved; including the timing of the media release on the incident.

- *Although the reporting relationship outlined in the Divisional Directive was not followed, the RPCC response times with respect to reporting was in accordance with Divisional Directive Security – 0012.*
- *Although the RPS was contacted before the Police Service of jurisdiction, the RCMP were informed of the escape within appropriate time frames.*
- *Staff at Central Office had a difficult time reporting the escape to their superiors which caused a delay.*
- *There is no established protocol with respect to the release of information to the media regarding emergency situations.*
- *Correction Branch has determined that the fifteen hour delay of a media release concerning the escape is excessive.*
- *The Deputy Minister has directed that the media be informed of escapes within one hour of the occurrence.*
- *Central Office does not have a formal Crisis Information and Support Centre.*

What is the unit routine and is it in compliance with local Standing Orders and Divisional Directives?

- *Segregation and partial segregation of inmates on Unit 3A is not in compliance with legislation and contrary to Divisional Directives.*
- *Formal counts are not completed according to Standing Orders, and Unit (hourly) checks are not completed on a consistent basis throughout the facility.*
- *There is a lack of Regulation and Directives designed to ensure searches are done in a diligent yet lawful manner.*
- *The manner in which the two searches were documented was not entirely in accordance with local policy in that Log Books weren't completed.*
- *Staff was compliant in placing individual search reports on CMIS.*

- *There is a lack of Regulation and Directives with respect to the seizing and control of contraband.*
- *Staff were negligent in following Standing Orders with respect to contraband control.*
- *There is currently no process in place for inventory control of cell and corridor furniture and fixtures.*
- *Cells are not regularly inspected and cleaned prior to new occupancy*

Other related matters:

- *There is a general lack of knowledge and understanding concerning the significance and the impact of the Charter of Rights and Freedoms as it applies to Corrections Branch.*
- *Staff do not have an appreciable understanding of how policies must be developed pursuant to legislation.*
- *Remand inmates are treated differently than sentenced inmates at the RPCC.*
- *Corrections Workers are negligent in performing the full scope of their duties with respect to remand inmates.*
- *There was a serious failure to follow intelligence that was available several weeks prior to this incident.*
- *The RPCC did not undertake a coordinated pursuit through inmate interviews to gain information related to the escape.*
- *The mechanism for compiling, cataloguing and analyzing intelligence and inmate's activities is inadequate.*
- *The influence of the SGEU within the RPCC has limited Management's ability to manage.*
- *There is a clear lack of authority between supervisory staff and Corrections Workers.*
- *There are too many acting assignments and insufficient separation between union membership and supervisory responsibility.*
- *There is an insufficient management presence within the facility on evenings and weekends.*

- *Senior Management does not frequent critical areas of the facility on a regular basis.*
- *Inmate Committee has rarely met with anyone from Management.*
- *There is limited Correctional value to having the internet and newspapers in control posts and offices as such items limit staff's ability to perform corrections related duties.*
- *The overall supervision of Unit 3A had been ineffective for an extended period of time.*
- *Corrections Workers assigned to Unit 3A neglected to discover that inmates were escaping on the evening of August 24th, 2008.*
- *Throughout the investigation it was found that deficiencies in performance were often as a result of lack of adequate training.*
- *Funding allocated in the training budget has not kept pace with the demand.*
- *Rumours at the RPCC have become reality in the minds of many Corrections Workers*
- *The gang management strategy in remand at the RPCC is reactive in nature.*
- *There is non-compliance with policy regarding inmates' access to elders.*
- *Efforts to implement cultural and traditional strategies designed to reduce the negative influence of aboriginal gangs is minimal.*
- *There is no meaningful or constructive activities for inmates on remand that will motivate them towards socially acceptable behaviours while they are awaiting trial.*
- *There are instances where staff fail to comply with Divisional Directives and Standing Orders.*
- *There are policies in place with respect to staff conduct and performance. Certain staff choose to disregard such policies and in some cases undermine Management's efforts to ensure compliance with these policies.*
- *There is no formal performance evaluation process in place for assessing and addressing staff performance.*
- *The organizational culture at the RPCC was a contributing factor that enabled the inmates to escape on August 24th 2008.*

The External Investigation Team recommends that:

#1 A process for compiling and analysing intelligence be implemented at the RPCC. This will require a support position to the office of the SIO.

#2 The RPCC conduct simulation exercises in order to test contingencies and allow staff to practice their expected roles.

#3 An expert policy analyst be employed to conduct a comprehensive review of Regulatory documents and Divisional Directives to ensure they provide adequate direction to facilities.

#4 Additional resources be provided to Central Office in order that they take a more active role in ensuring that facilities function in accordance with Legislation, Policy and the Service's Mission.

#5 Central Office Crisis Information and Support Centre be activated for major emergency situations.

#6 An expert policy analyst be employed to conduct a complete review of the segregation and confinement policies and practices at the RPCC.

#7 A cell and fixture inventory be compiled and evaluated in conjunction with cell searches and new cell assignments.

#8 The Assistant Deputy Director positions must be out of scope Management positions.

#9 Management presence be increased outside normal working hours to include two out of scope managers.

#10 Distractions such as internet and recreational reading material be removed from unit offices and control posts.

#11 A constitutional expert be employed to develop a "Corrections Branch and Law" course similar to the "CSC and the Law" course developed for Federal Correction`s Workers and be delivered to all Provincial Correction's employees.

#12 Senior managers to be held accountable for attending critical areas of the facility on a regular basis.

#13 Refresher training be provided to staff in all areas of deficiency identified in this report.

#14 A Divisional Directive be developed addressing Critical Incident Stress Management requirements following serious incidents

#15 The Corrections Management Information System be enhanced or replaced.

#16 The Corrections Management Information System must be the only system for recording operational information.

#17 A computerized accountability system be installed at RPCC to monitor and record staff unit inspection and checks.

#18 High risk inmates should not be housed in Units 3, 4, 5, 6, & 7 until a security audit has been completed and the Units have been equipped with infrastructure improvements and a perimeter intrusion detection system.

#19 Remand inmates must be managed in the same fashion as sentenced inmates.

#20 The RPCC contract influential Aboriginal leaders and elders from the community to assist them in reducing violence and criminal activity perpetrated by gang members.

#21 A formal annual performance review process be implemented for all staff.

#22 Daily pre-shift briefings must be implemented at the RPCC.

#23 The facility from where the escape occurred be responsible for the initial media release.

"It's not my job to talk to inmates." *Corrections Worker*

"The culture of Corrections is very negative. But it is not the things they (Corrections Workers) are doing that is the problem, it is the things they are not doing. It's complacency." *Corrections Worker*

"Whether you do a good job or bad job your paycheque still gets deposited." *Assistant Deputy Director*

"We look but we don't see." *Corrections Worker*

"That's the way we've always done it! That's just the way it is!" *Many Corrections staff*

"We have many staff trained in Crisis Management but only two staff trained in intelligence gathering that could prevent a Crisis!" *Manager at Saskatchewan Penitentiary*

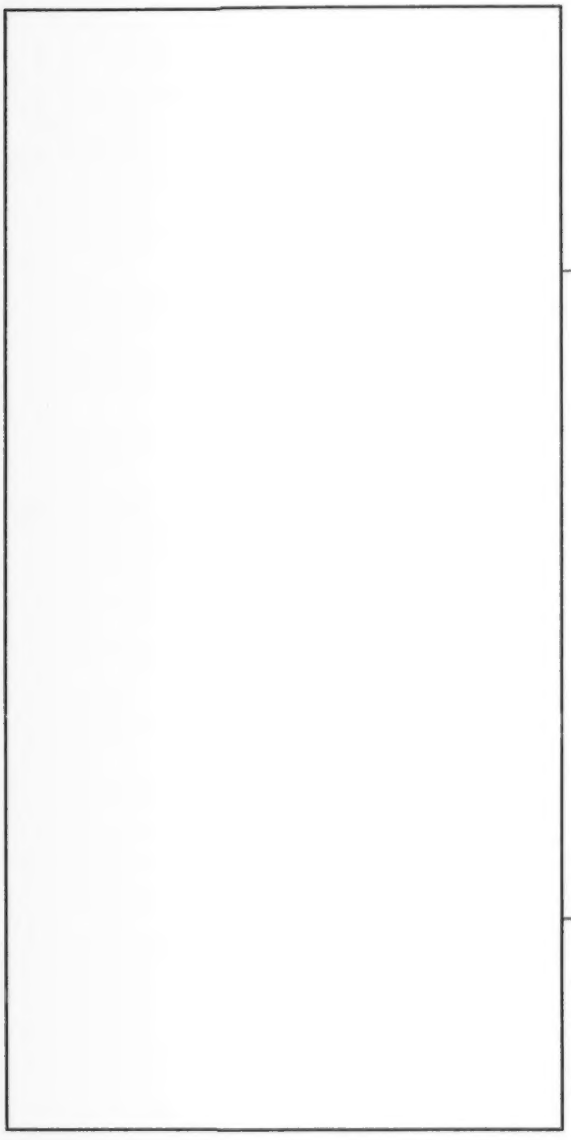
"They were locked up for 23 ½ hours – it was nice and quiet they should have left it that way." *Corrections Worker*

"We grew up like a third world country. When you have less, you make do with less and you land up having lower expectations." *Corrections Manager*

"I don't agree with all the policy, I believe we should run more on common sense!" *Corrections Worker*

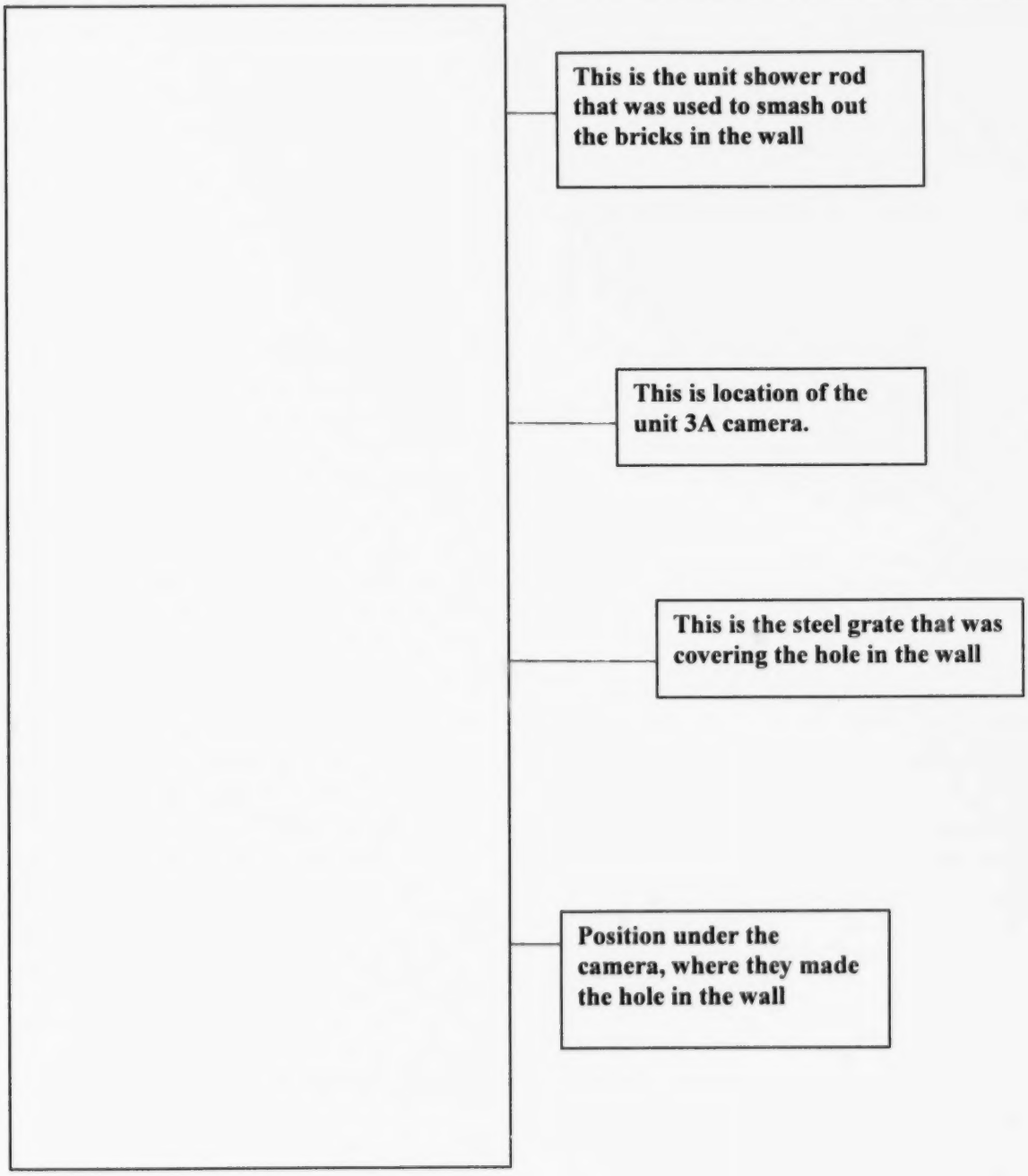
"We didn't think we would get away with it. We started working on it. It was something to do and we just kept at it. When we didn't get caught, we picked our night and just went. We were surprised we got away with it". *Inmate escapee*

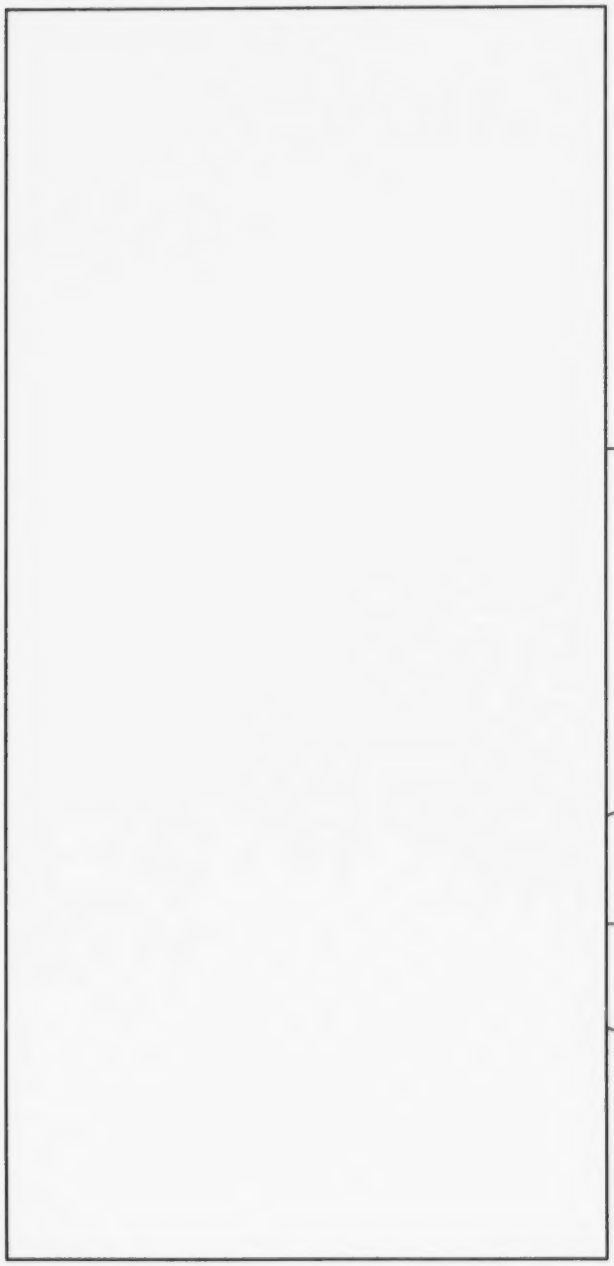
SCENE PHOTOS



This is the hole from inside unit 3A, with the steel grate removed

This is a piece of canvas that was hung to conceal their work, so that it was not visible through the grate. The canvas was constructed from a piece of unit 3A winter jackets.


This is the unit shower rod that was used to smash out the bricks in the wall
This is location of the unit 3A camera.
This is the steel grate that was covering the hole in the wall
Position under the camera, where they made the hole in the wall

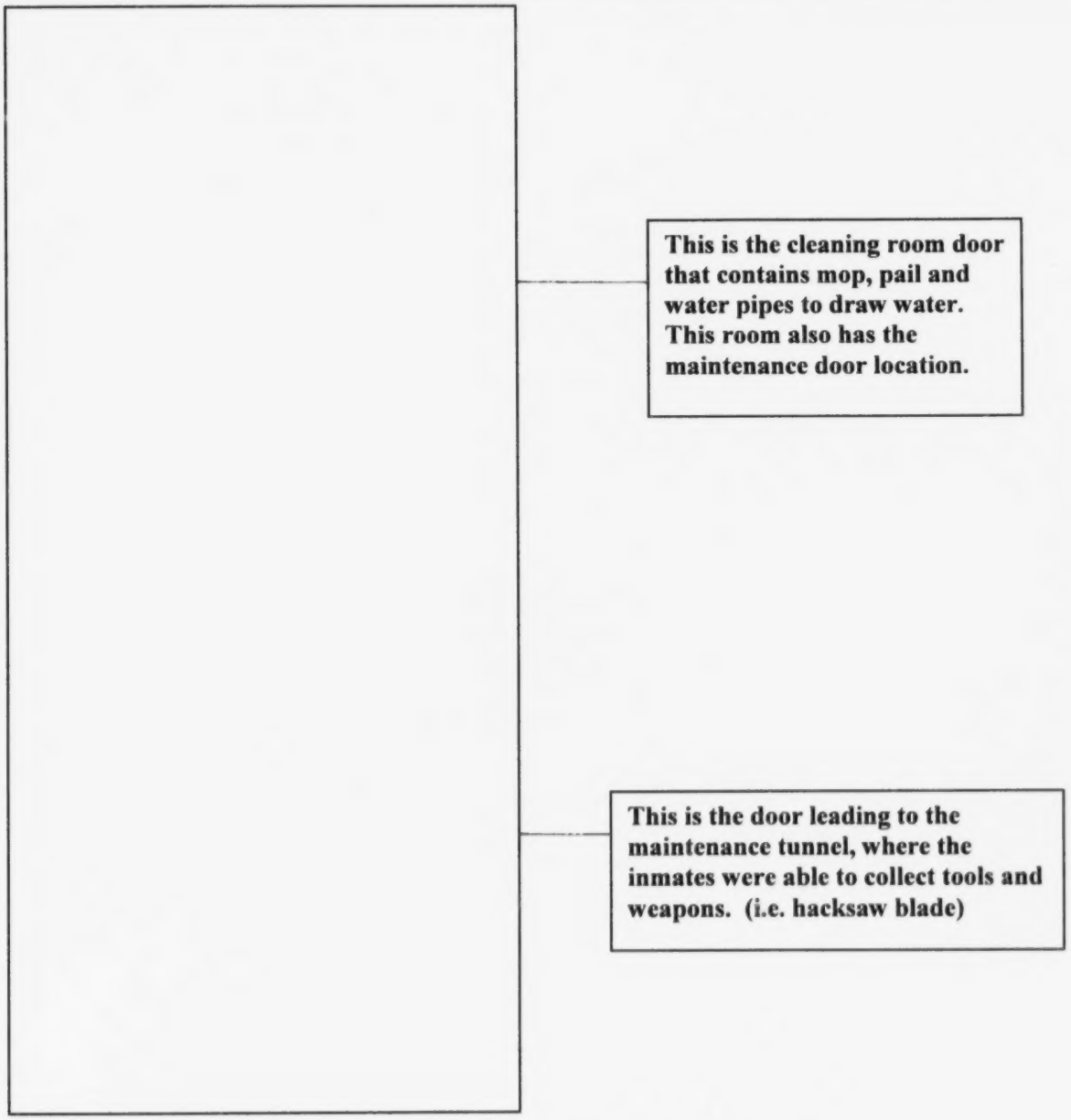


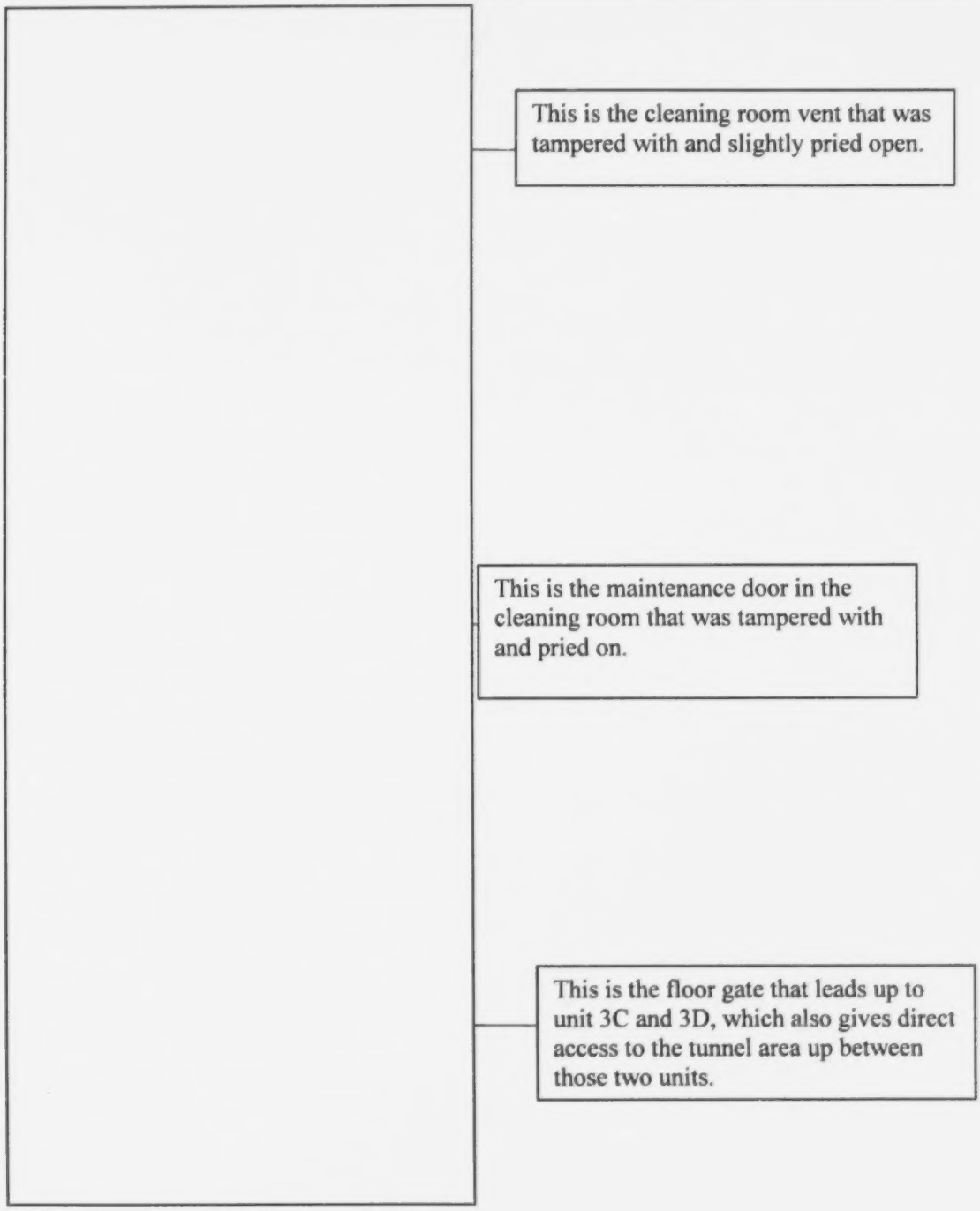
This is the location where the winter jackets are stored on the unit.

These are the weapons and tools recovered from behind the steel grate.

This tool (steel towel rack attached to the end of the desk) was used to dig out the bricks and prep the area, when they were ready to break out.

This tool (steel fork and knife holder attached to the desk) was used to pry off the metal that was part of the heating grate and exposed the bricks for digging.


This is the cleaning room door that contains mop, pail and water pipes to draw water. This room also has the maintenance door location.
This is the door leading to the maintenance tunnel, where the inmates were able to collect tools and weapons. (i.e. hacksaw blade)

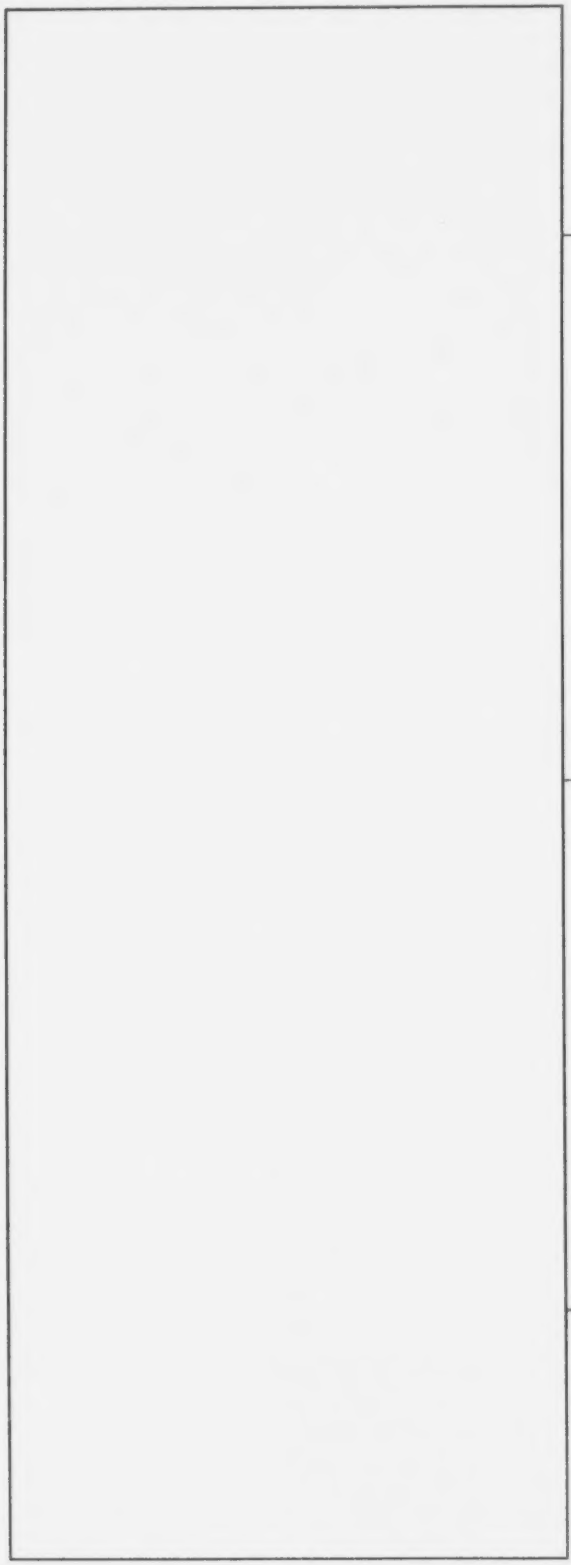

This is the cleaning room vent that was tampered with and slightly pried open.
This is the maintenance door in the cleaning room that was tampered with and pried on.
This is the floor gate that leads up to unit 3C and 3D, which also gives direct access to the tunnel area up between those two units.



This is the tunnel located between unit 3A and 3B.

This is the floor gate that leads up in the penthouse and the chain that was twisted until it broke, to open the gate.

This again is the floor gate that leads up in the pent house and the chain that was twisted until it broke, to open the gate.



This is up in the pent house of unit 3A and a direct access door to the outside roof top.

This is one of the sinks that was broken off to be used to deter staff from entering the corridor.

This is one of the broken windows that the inmates broke to create confusion and slow the staff response to the escape.



This is the outside view of the broken windows.

These are the weapons and tools used to help breach the outside wall. They were found in cell 66

This is one of the hacksaws used to cut the steel towel racks off the desk in cells 11 and 12.

This metal is the same metal that was pried off from the inside of the steel grate, exposing the bricks.

[redacted]

A/ADD	Acting Assistant Director
ADC	Average Daily Count
ADD	Assistant Deputy Director
ADM	Assistant Deputy Minister
A/TL	Acting Team Leader
CISM	Critical Incident Stress Management
CMIS	Corrections Management Information System
CPIC	Canadian Police Information Centre
CPSP	Corrections, Public Safety and Policing
CTP	Core Training Program
DIO	Director of Institutional Operations
DDO	Deputy Director of Operations
DDP	Deputy Director of Programs
DM	Deputy Minister
EIT	External Investigations Team
ERT	Emergency Response Team
[redacted]	
RCMP	Royal Canadian Mounted Police
RPCC	Regina Provincial Correctional Centre
RPS	Regina Police Service
PACC	Prince Albert Correctional Centre
SIO	Security Intelligence Officer
SCC	Saskatoon Correctional Centre